

Name In Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Female

White

Married

Widow

Divorced

Number of children living

MARYLAND

~~Male~~~~Colored~~~~Single~~~~Widower~~

Mother's

Name

Primary

Immediate

How long sick

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU, 79898



Mary A Allen
 Town *York* County *Baltimore* MARYLAND
 Died at

Date 19 *02* Month *6* Day *10* Age *65* Y. M. D. Native of *England* Occupation
 Male ☒ White Married ☒ Widow ☒ Divorced
 Female ☐ Colored Single ☐ Widower Number of children living

Husband of *Enoch Allen*
 Wife

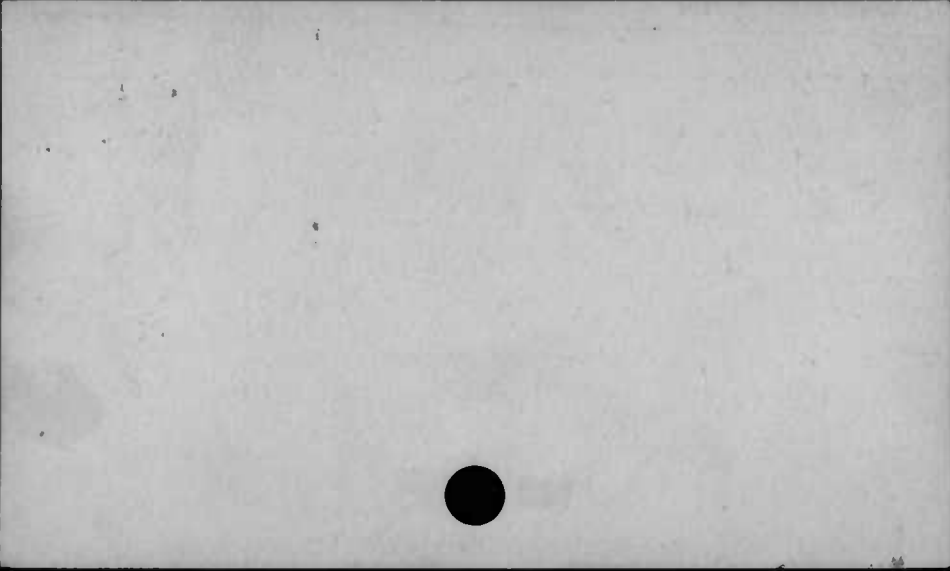
Father's Name Mother's Maiden Name

Cause of Death { Primary *Apoplexy* Immediate
 How long sick *10 hours*
 Accident, Suicide, Homicide

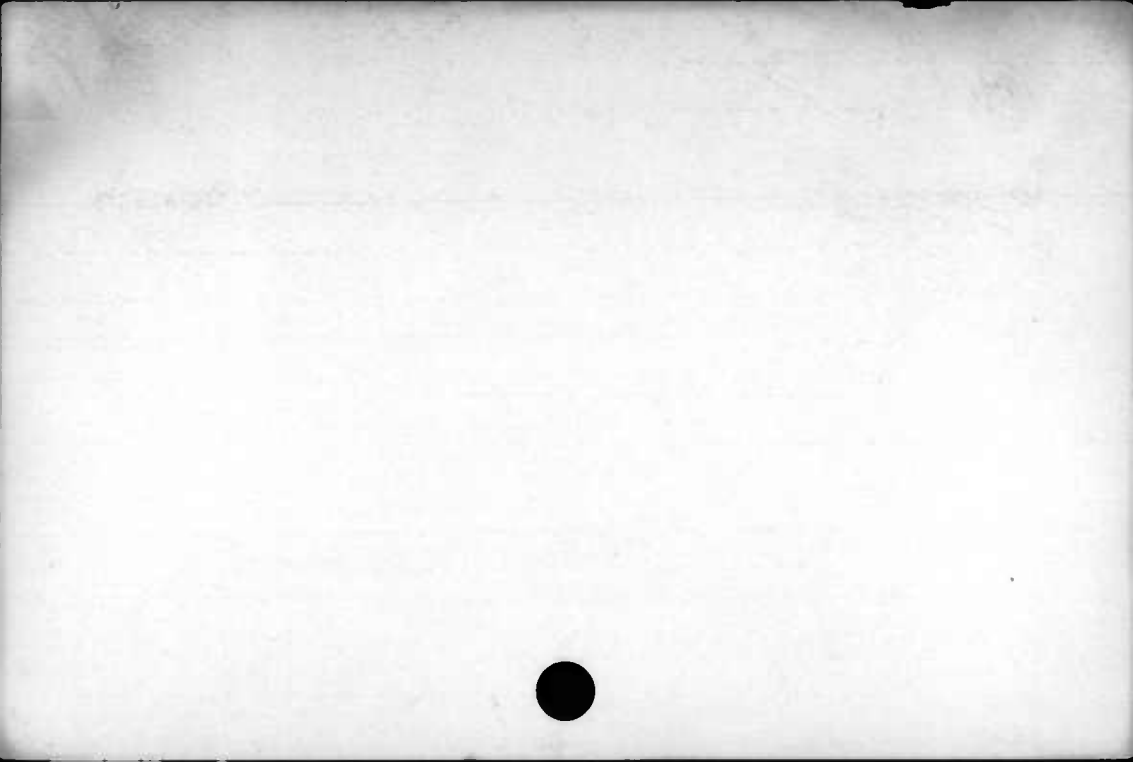
Reported by *Ed Baldwin*

Address *Baldwin 530 Baltimore Cora*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Ed A*



Name in Full		Earl N. Badger				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Catonsville		County Baltimore		MARYLAND	
		Date of death 1902		Month June		Day 23	
		Age 8		Years 8		Months 8	
		Sex Male		Color or Race White		Birth- place Baltimore	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name Silvest. J. Badger					
PHYSICIAN OR CORONER		Mother's Maiden Name M. Ellen. Sweet				Father's Birthplace	
		Name of person giving information Silvest. J. Badger				Mother's Birthplace	
						How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Diphtheria		How long 10 days		6 days	
		Immediate Cholera Infantum		How long 1 day		1 day	
		Are the name, age, sex, color, date and place correctly given above? 26		Signature of Physician J. Chatman			
				Address Catonsville Md			
		Accident or Suicide?					



Name
in
Full

Dunlop, Robert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>16</i>	Age <i>30</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Cla</i>		Birth-place <i>Pa</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband <i>X</i>			<i>68</i>		
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>X</i>			How related to deceased <i>X</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infection</i>	How long <i>Life</i>
Immediate <i>Pulm. Tuberculosis</i>	How long <i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. H. Wade</i>
	Address <i>Baltimore Md</i>
Accident or Suicide? <i>No</i>	<i>X</i>



Name In Full

Certificate of Death

William Lay Barton

Town

County

Died at Catonsville Baltimore MARYLAND

Date 1902 Month June Day 15 Y. M. D. Age 25 Native of Baltimore Occupation

Male White Married Widower Number of children living
Female Colored Single Widower

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

2 1/2 years

Death

Immediate

By physician

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

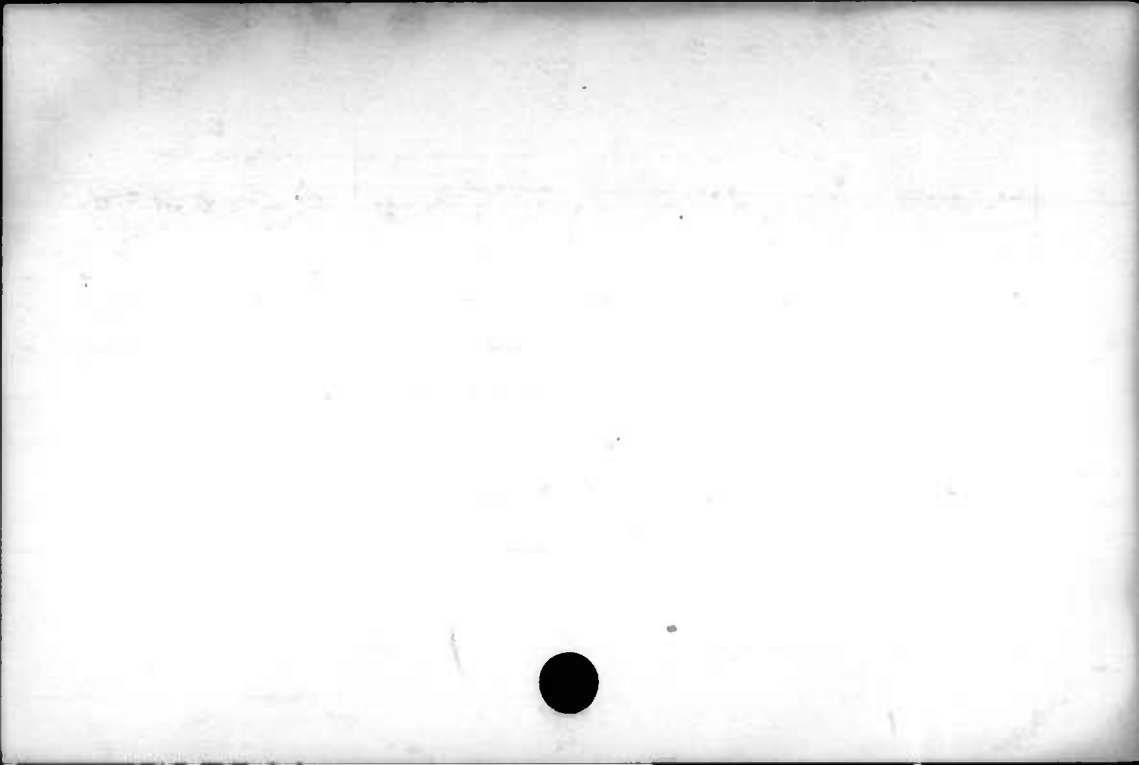
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i> ^{Town}		<i>Bachman</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>14</i>	Age <i>105</i>	Years <i>11</i>	Months <i>15</i> Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Gardenville</i>			
Married, Single or Widowed <i>/</i>			Occupation <i>/</i>		
Name of Wife or Husband <i>/</i>					
Father's Name <i>Mr Berper</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Annie Jasper</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Henry Berper</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 days</i>
Immediate <i>Convulsions</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. D. Corcoran</i>
	Address <i>Gardenville</i>
Accident or Suicide? <i>/</i>	



Name
in
Full

Oliver K. Bett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestnut Ridge</u> ^{Town}		<u>Butt</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>June</u>	Day <u>20</u>	Age <u>48</u> ^{Years}	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Montgomery Co</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>House wife</u>				
Name of Wife or Husband <u>Wm H Bett</u>					
Father's Name <u>Wm H Benson</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>Lena Benson</u>				Mother's Birthplace <u>—</u>	
Name of person giving information <u>Wm H Bett</u>				How related to deceased <u>Husband</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Asthma with Congested Lung</u>	How long <u>one week</u>
Immediate <u>Heart Depression</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. White</u>
	Address <u>8 Gwynne Md</u>
Accident or Suicide? <u>—</u>	



Name In Full

Theodore Billings

MARYLAND

Died at

Town Stagers Sanatorium County Balt

Date 19

02 June, 22

Month

Day

Age

41

Y.

M.

D.

Native of

Balt. Md.

Occupation

Postman

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary T. B.

How long sick

Death

Immediate

Exhaustion from strain

Accident, Suicide, Homicide

Reported by

J. M. Ryan M.D.

Address

Stagers Sanatorium Balt. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gladys Blatz

10

Town

County

Died at

Hillville

Baltimore

MARYLAND

Date

1902

Month

Day

6-13

Y.

M.

D.

Native of

Occupation

Age

7

and

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Whooping Cough

How long sick

on onts

Accident, Suicide, Homicide

Reported by

August W. Miller

Address

and

Minnans, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Edna May Blotmiger

10

Died at WestportCounty Balt

MARYLAND

Date 1902 16 20Y. M. D. 21

Native of

Occupation

Male Female

White

~~Married~~~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Edmund Smith

Mother's Name

Caroline Blotmiger

Cause of

Primary

Cholera-Infantum

How long sick

Two days

Death

Immediate

Convulsions 105

Accident, Suicide, Homicide

Reported by

August W. Miller

Address

Mrs. W. Miller

Balt. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

Gonz

of

Seen by Coroner

August W. Miller

of

Mr. Wm. Adams

Information contained in this certificate received

from

Coroner's Inquisition

of

Mr. Wm. Adams

Name
in
Full

Infant Blum

CERTIFICATE OF DEATH

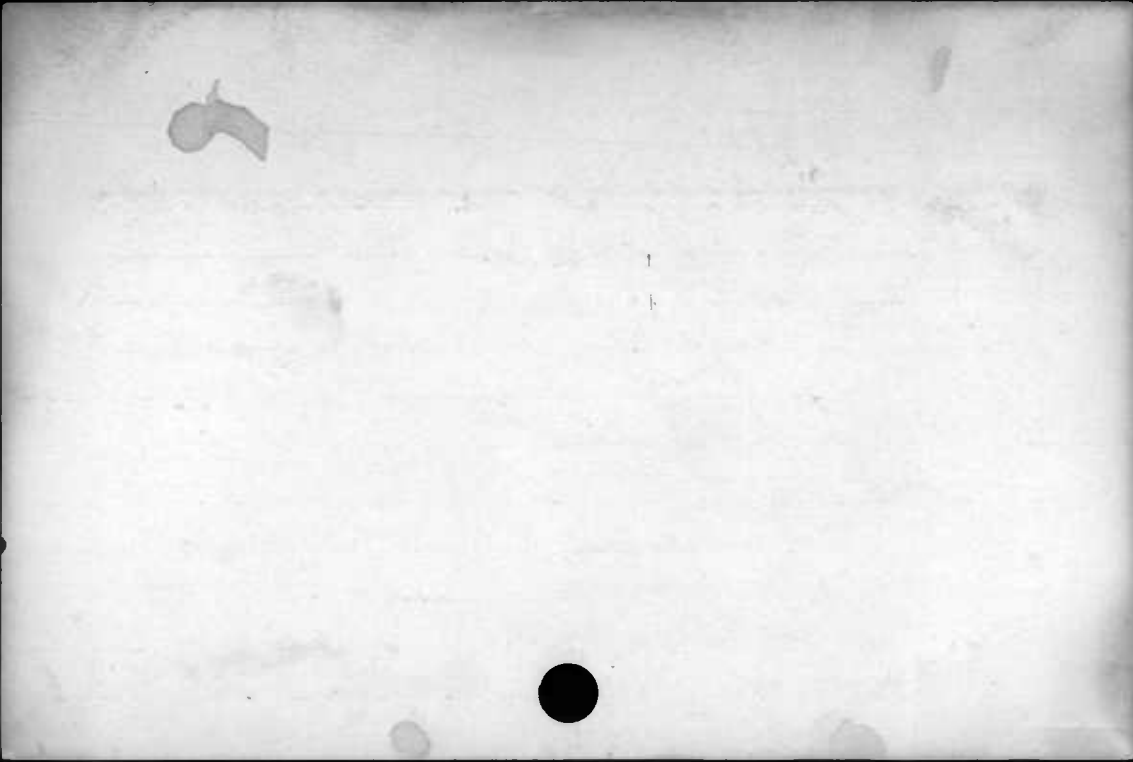
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Washingtons rally</u>		Town <u>Baltimore</u>		County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>June</u>	Day <u>4</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>6</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Balto co</u>			
Married, Single or Widowed <u>—</u>				Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>							
Father's Name <u>Wm Blum</u>				Father's Birthplace <u>Balto co</u>			
Mother's Maiden Name <u>Ada With</u>				Mother's Birthplace <u>Howard, Co</u>			
Name of person giving information <u>Wm Blum</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate <u>Acute Indigestion</u>	How long	<u>a few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thompson</u>	
	Address <u>Hydrom Md</u>	
Accident or Suicide? <u>—</u>		



Albert Brooks

Town

County

Died at

Dawson

Buck

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	6	25	64	8	-	Bucks Co	Dayton
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower		Number of children living	3	

Husband

of

Wife

Sarah Brooks

Father's

Name

X

Mother's

Name

X

Cause of

Primary

Bright Disease

20

How long sick

6 months

Death

Immediate

Heart Disease

Cardiac Weakness

~~Accident, Suicide, Homicide~~

Reported by

A. L.

Massachusetts

Address

Dawson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Laura A. Brooks

Died at ^{Town} Philokolia ^{County} Balt

MARYLAND

Date 1902 ^{Month} 6. ^{Day} 9 ^{Age} 38 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} Housewife

~~Male.~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ~~Colored~~ ~~Single~~ ^{Widower} ^{Number of children living}

Husband of Joseph Brooks

Wife

Father's Name John Royston

Mother's Name Barbara S.

Maiden Name

Cause of Death { Primary Phthisis

Immediate Asthenia

How long sick 2 years

Accident, Suicide, Homicide

Reported by G. G. Mitchell

Address Virginia Balt. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>First and O Pennells</i>		County <i>Edwards County</i>		State <i>MARYLAND</i>	
Date of death 190	2	Month	6	Day	13	Age	61
Sex		Color or Race		W		Birth-place	
Married, Single or Widowed		Occupation		Scholar		Germany	
Name of Wife or Husband		<i>Peter J. Buttner</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		103		Mother's Birthplace			
Name of person giving information		<i>Mr. Mushler</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastric Ulcer Hemorrhage</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Allen S. Gaye</i>
		Address	<i>1716 E. Madison St.</i>
Accident or Suicide?			

Louis's Humane
No 6 So Carolina St,
Bz Md.

Sacred Heart
Cemetery.

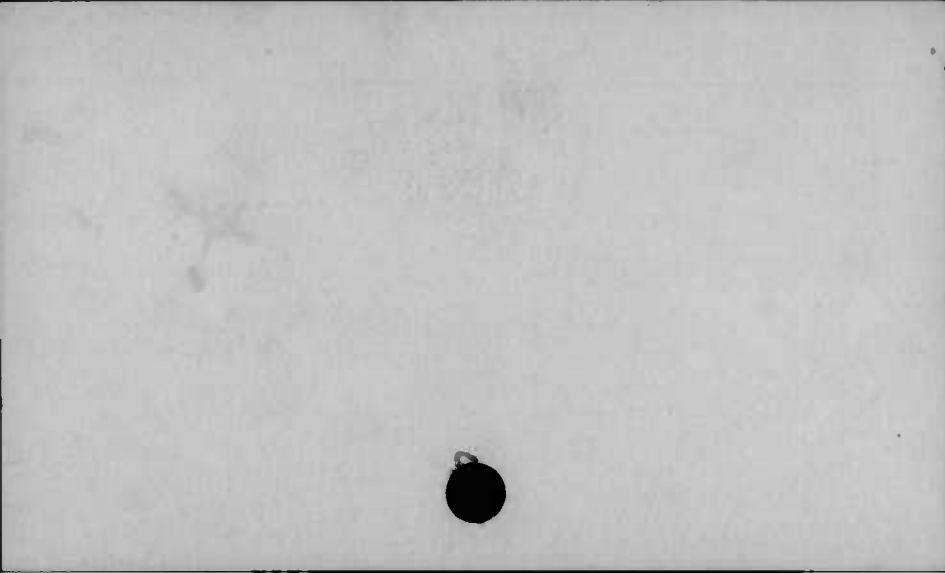
Name in Full *Wm Butkey*
 Died at *1013 East Ave* *Balto Co* *MARYLAND*
 Date 19*32* *6* *18* | Age *5* | Native of *Balto Co* | Occupation *—*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *1*

Husband of *Charles H Butkey* Mother's Maiden Name *Me and Elizabeth - Henseman*
 Wife *Me and Elizabeth - Henseman*
 Father's Name *Me and Elizabeth - Henseman*

Cause of Death { Primary *Enterocolitis* Immediate *Exp in a restaurant* }
 How long sick *one week*
 Accident, Suicide, Homicide *—*

Reported by *Edw Williams*
 Address *106 119 Chesapeake St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *✓*



Name In Full

Certificate of Death

May Casparus

Died at ^{Town} Hospital for Consumptive ^{County} Town Baltimore MARYLAND

Date 1902 6 8 Y. 35 M. 18 D. Native of Sweden Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Primary Tuberculosis 27 How long sick Death Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name
in
Full

Frederick H. Christie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampshire</i>		County <i>Balt</i>		MARYLAND	
Date of death	1902	Month	June	Day	23
Age	78	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Scotland
Occupation	Harness Maker		Where, if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	not known		
Father's Name	not known		Father's Birthplace	not known	
Mother's Maiden Name	not known		Mother's Birthplace	not known	
Name of person giving information	Agnes S. Christie		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. Hillsinger & Son
		Address	Undertakers Ellicott City Md
Accident or Suicide?			

DISINTERMENT.

Name in Full		Frederick M. Christie				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1902	Month	6	Day	27
		Age		79	Years		Months	Days
		Sex		Male	Color or Race		White	Birth-place
		Married, Single or Widowed		Widowed	Occupation		Farmer	
		Name of Wife or Husband						
		Father's Name						Father's Birthplace
		Mother's Maiden Name						Mother's Birthplace
		Name of person giving information				How related to deceased		
		E. J. Rolfe				None		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		120				1 Month		
		Immediate				How long		
		2 wks						
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
yes				J. S. Rolfe M.D.				
				Address				
Harrisonville				Md.				
Accident or Suicide?								



Helen M. Cook

Town

County

Died at

MARYLAND

Date 1902 June 24

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 June 24

Age 56

Und.

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

93

Cause of

Primary

Hysteria,

How long sick

Death

Immediate

Croupous Pneumonia

Accident, Suicide, Homicide

Reported by

Wm. Rush Denton, Jr.

Address

Sheppard & Enoch Pratt Hospital, Towson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Patsy Craig

Town

County

Died at *1027 Clinton St. Balto.*

MARYLAND

Date 1902	Month 6	Day 16	Age 56	Y. M. D.	Native of Va.	Occupation Domestic.
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband of

Wife

Father's

Mother's

Name

Maiden Name

46

Cause of

Primary

Tumor

How long sick

60 days

Death

Immediate

Nervous Prostration

Accident, Suicide, Homicide

Reported by

J. A. Lake M.D.

Address

402 E 23rd St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Walter Cranner

Town

County

Died at *Waver**Baltimore*

MARYLAND

Date 189 *1902* Month *Jun* Day *28* Age *8* Y. *4* M. *17* D. *Mayland* Native of *Mayland* Occupation
 Male *White* ~~Female~~ *Married* ~~Widow~~ ~~Divorced~~ ~~Widower~~ ~~Number of children living~~
~~Colored~~ ~~Single~~

Husband
of

Wife

Father's

Name

Mother's

Name

William Cranner *Alice Cranner*

Cause of

Primary

Fall, under house

How long sick

Death

Immediate

*From internal injury*Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Dr. H. Benson

Address

*Backsville
Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 / 16 / 21

Age

- - 14

M.S

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 W

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 73832



Name
in
Full

Paisach (Philip) Deckelbaum

CERTIFICATE OF DEATH

Town

County

Died at Hosp. for consumptives Balto.

MARYLAND

Date

of death

1902

Month

June

Day

30

Years

Age

35

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Russia

Occupation

Groceryman

Where Residing if not
at place of death

514 Tremont Ave.

Married, Single
or WidowedName of Wife or
Husband

Beckie Deckelbaum

Father's
Name

Chaim Weckelbaum

Fether's
Birthplace

Russia

Mother's
Maiden Name

Faige Baile

Mother's
Birthplace

Russia

Name of person giving
Information

Philip Deckelbaum

How related
to decaseed

Brother

CAUSES OF DEATH

Primary

Tuberculosis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. C. Massenburg

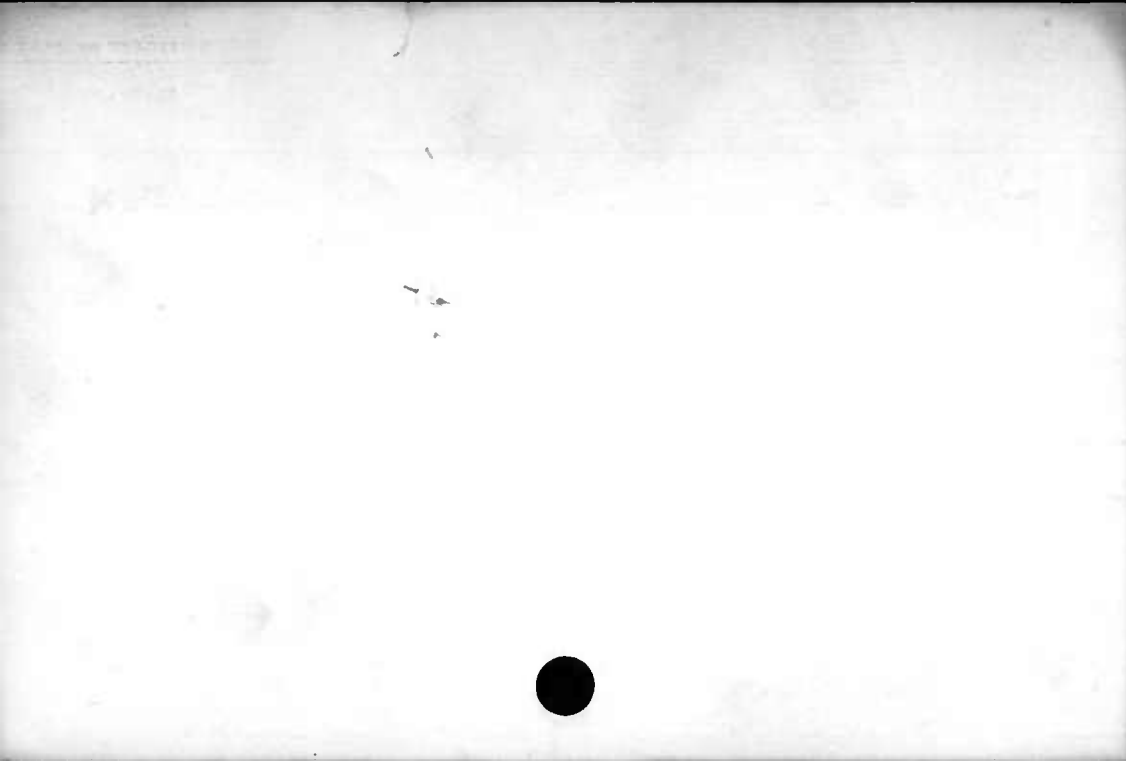
Address

Lawson Md

Accident or Suicide

But Rignshur

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Peter Driskman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Middle River		^{County} Balto		MARYLAND	
Date of death 190	^{Month} 2 June	^{Day} 9	^{Years} Age 79	^{Months} —	^{Days} —
Sex	Male	Color or Race	white	Birth-place	Penn a
Married, Single or Widowed	Married		Occupation	Farmer	
Name of Wife or Husband	Laura Driskman				
Father's Name	Don Snow			Father's Birthplace	—
Mother's Maiden Name	Don Snow			Mother's Birthplace	—
Name of person giving Information	Jury J. Inquest			How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental	How long	166
Immediate	Struck by train	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm T Jenkins	
Address		Crown	
Accident or Suicide?		Middle River	



Name in Full

Certificate of Death

Charles A. Dougherty

Died at ^{Town} St Agnes Sanitarium ^{County} Baltimore - MARYLAND

Date 1902 ^{Month} June ^{Day} 13 ^{Age} 28. ^{Y.} ^{M.} ^{D.} ^{Native of} Trenton N.Y. ^{Occupation} Priest

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living ☐

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of ☒ Primary Pulmonary Tuberculosis

How long sick 4 months

Death ☒ Immediate Above.

Accident, Suicide, Homicide

Reported by J. M. Ryan, M.D.

Address

St Agnes Sanitarium Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Husband
of
Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide



Name
in
Full

Marion A. East.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Randallstown</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i> .	Month <i>June</i>	Day <i>17th</i>	Age <i>57</i> Years
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Baltimore</i>
Married, Single or Widowed <i>Widow</i>		Occupation <i>None</i>	
Name of Wife or <i>Caleb J. East.</i> Husband			
Father's Name <i>Matthew Kierle.</i>		Father's Birthplace <i>England</i>	
Mother's Maiden Name <i>Charlotte Pindel</i>		Mother's Birthplace <i>Baltimore</i>	
Name of person giving information <i>B. W. East.</i>		How related to deceased <i>Son.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>Five Months</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. White, M.D.</i>	
<i>Yes.</i>		Address <i>Glyndon, Md.</i>	

Made to

W Smith

Rockdale Ind

funel ~~22~~ June 20

Albia Susan Evers

Died at *Wt Hope Retreat* Town County *Balto Co* MARYLAND

Date 19*02* Month *6* Day *14* Y. *64* M. *-* D. *-* Native of *South A.* Occupation *none*

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of *_____*

Father's Name *_____* Mother's Maiden Name *_____*

Cause of	Primary	<i>Dementia Terminal</i>	How long sick
Death	Immediate	<i>Exhaustion -</i>	Accident, Suicide, Homicide

Reported by *Frank J. Flannery M.D.*

Address *Wt Hope Retreat* Balto Co Md -
over

Belongs To Bermuda
South America -
30 years at Mt Hope

Name In Full

Certificate of Death

Mary Louise Fisher

Town

County

Died at

Lorton

Baltimore County

MARYLAND

1902
Date 1892
Month June
Day 27
Y. 61
M. 5
D. 15
Age 61-5-15
Native of Maryland
Occupation Domestic Duties

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Five

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Mary Louisa Fisher.

Town

County

Died at

Lorton, Baltimore MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date ~~1901~~ June - 27. Age 61 - 5 - 15 Maryland, Domestic Work.~~Male~~~~White~~

Married

~~Widower~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

5

~~Husband~~ of

Wife William Thomas Fisher.

Father's Name John Moore.

Mother's

Name Fannie Moore.

Cause of

Primary

Degeneration of Liver & Kidneys.

How long sick

3 or 4 Months.

Death

Immediate

Causing, Anemia, Dropsy & Edema.

Accident, Suicide, Homicide

Reported by

J. W. Hawkins M. D.

Address

Lorton, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Flossie Fishbaugh

Town

County

MARYLAND

Died at Lutherville Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6

26

Age 8 mos.

Balto Co

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Three

Husband of

Wife

Father's

Name

Adolphus Fishbaugh

Mother's

Name

Mary Ellen Fishbaugh

Cause of

Primary

Whooping Cough

How long sick

Six weeks

Death

Immediate

Broncho-Pneumonia

Accident, Suicide, Homicide

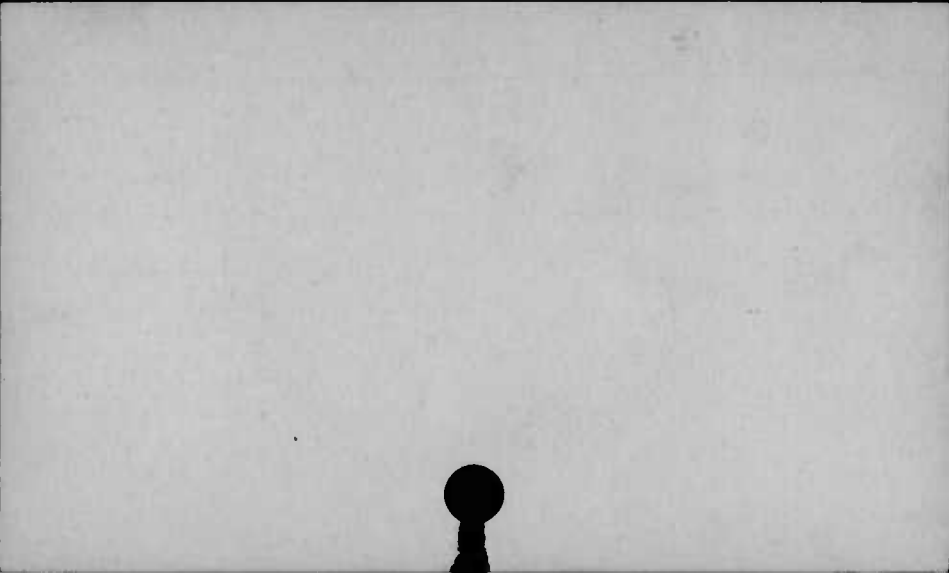
Reported by

H. A. Janette M.D.

Address

Fowson Md

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.



Died at 990 Falls Road Baltimore (near City Line) MARYLAND
 Date 1902 June 18 | Y. stus M. born D. | Native of | Occupation
 Male ? White Married Widower Divorced
 Female 1 Colored Single Widower Number of children living

Husband of
 Wife of
 Father's Name W. J. Fishpaw | Mother's Maiden Name Margaret Jameson

Cause of Death { Primary Period of Gestation | How long sick
 { Immediate about 10 weeks | Accident, Suicide, Homicide

Reported by William L. Todd M.D.
W. Wash ington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Retained, as an
anatomical
specimen.

Name in Full

J. Albert Fite

Town

County

Died at

Hernwood

Bates

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6-14

Age

62-4

Md

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Wm Fite

Mother's

Maiden Name

Alisha Owens

Cause of

Primary

Apoplexy

How long sick

10

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. E. Botte, Md

Address

Harrisonville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Patrick Fitzpatrick

Town

County

Died at

MARYLAND

Towson

Baltimore

Date

1942 June 3rd

Age

Y. M. D.

65

Native of

Ireland

Occupation

Watchman

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

acute Bronchitis

How long sick

24

Death

Immediate

Debility

Accident, Suicide, Homicide

Reported by

John Barron M.D.

Address

Govanstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70000



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Death

Immediate

Reported by

Address

MARYLAND

Occupation

Native of

Y.

M.

D.

Age

3

Married

Widow

Divorced

Number of children living

Widower

Single

White

Colored

Month

Day

June 25

County

Balto

Town

Highlandtown

John, J. Flaherty

Leo, J. Flaherty

Catherine Stochlein

Bosnia Intestinal

Exhaustion

How long sick

5 days

Accident, Suicide, Homicide

108

M.D.

C. N. Hickey

2. Hudson St Bal

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles J. Fleet

Town

County

Died at Roland Park Baltimore MARYLAND

Date 1902
 Month 6 Day 22 Y. 43 M. 11 D. —
 Age 43-11 —
 Native of Virginia
 Occupation Printer & Publisher
 Male White Married ~~Widow~~
 Single ~~Widow~~ Number of children living 0

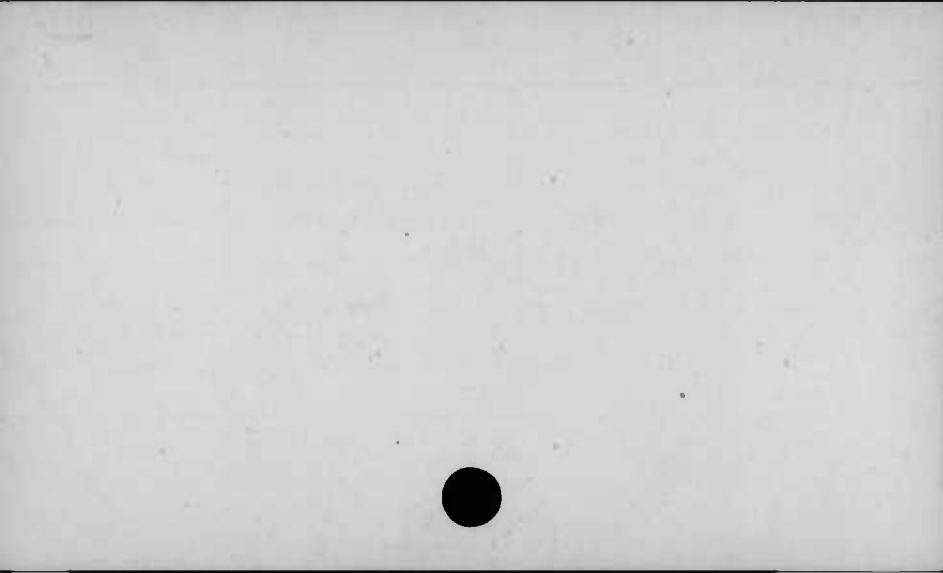
Husband of Addie M. Dorman SS
 Father's Name A. Washington Fleet Mother's Name Ek. Elizabeth Marchant

Cause of Death Primary Anemia. Leukemia. How long sick 18 months
 Immediate Hemorrhage. Exhaustion ~~Accident, Suicide, Homicide~~

Reported by T. Gibbons Innes M.D.

Address 4114 Woodlawn Road Roland Park.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Joseph Freese

Died at *Mt Hope Retreat Baltimore*

MARYLAND

Date 19 *02* Month *6* Day *25* Y. *61* M. *—* D. *—* Native of *Germany* Occupation *Shoemaker*

Male ~~Female~~ *White* ~~Colored~~ *Married* ~~Single~~ *Widow* ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of *—*
Wife

Father's Name *—* Mother's Maiden Name *—*

Cause of Primary *Mania Chronic* How long sick *120*

Death Immediate *Ex - Chronic Brights* Accident, Suicide, Homicide *—*

Reported by *Frank J. Flannery M.D.*

Address *Mt Hope Retreat*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mathew Cadogan

Name in Full *Lilly E. Garner*

14
CERTIFICATE OF DEATH

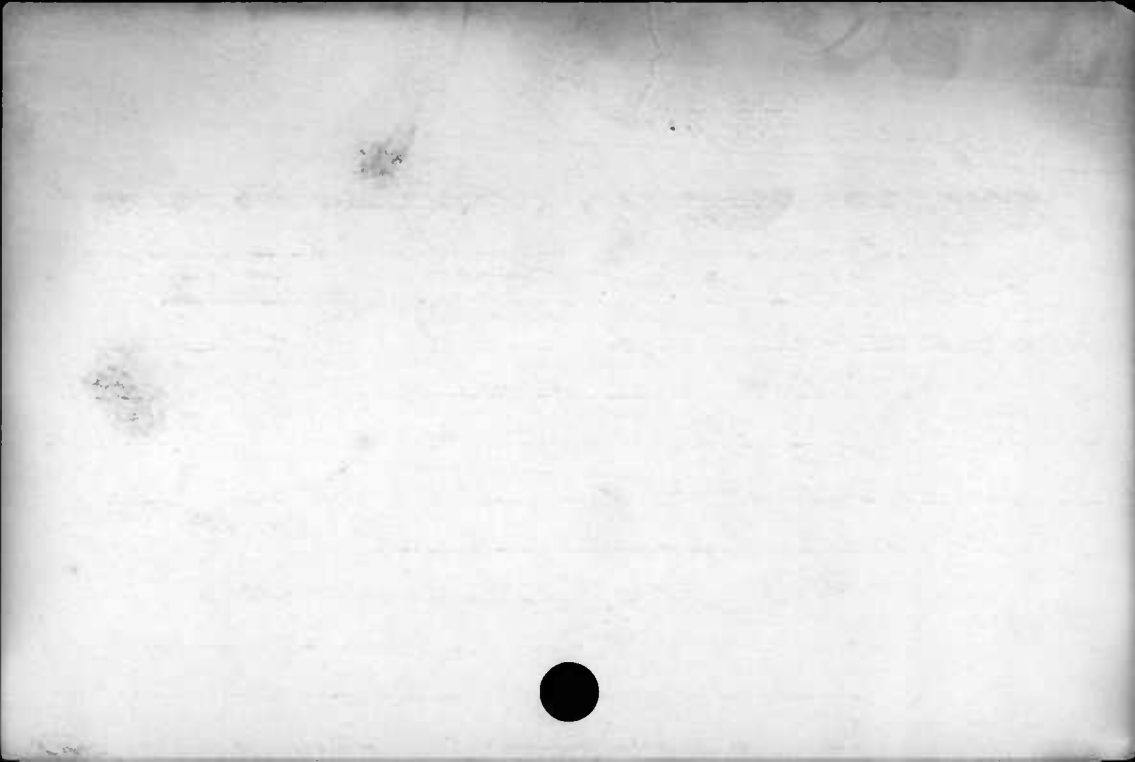
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdowne</i> Town		<i>Balt.</i> County		MARYLAND	
Date of death 190	<i>2</i> Month	<i>19</i> Day	<i>1</i> Year	<i>3</i> Months	<i>0</i> Days
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Balt. Co. Md.</i>		
Married Single or Widened <i>Single</i>			Occupation <i>Infant</i>		
Name of Wife or Husband <i>[Redacted]</i>					
Father's Name <i>Arthur Garner -</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Helen Peterson -</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving Information <i>Arthur Garner</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>8</i>	<i>1 week</i>
Immediate <i>Convulsions</i>	How long <i>1</i>	<i>day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Ruhl</i>	
	Address <i>Lansdowne Md</i>	
Accident or Suicide? <i>[Redacted]</i>		



Name In Full

Certificate of Death

George Gerbig

Died at ^{Town} Mt Hope ^{County} Rehoboth Batts Co MARYLAND

Date 19 02 6 11 Age 46 - - - Ma Frank Maker
 Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of _____
Wife _____

Father's Name _____ Mother's Maiden Name _____

Cause of Primary Mania Acute How long sick 6 Wks
 Death Immediate Mt Hope Rehoboth Accident, Suicide, Homicide

Reported by Frank J. Flammer
 Address Mt Hope Rehoboth

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Mr. Hill

May Gillen

Town

County

Died at *1106 Third St. Highlandtown* *Baltimore* *MARYLAND*

Month

Day

M.

D.

Native of

Occupation

Date 1902

6

18

Age

7

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Burns

How long sick

2 days.

Accident, Suicide, Homicide

Reported by

M. J. Gately

Address

111 S. Broadway Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

David Ross Glenn

Town

County

MARYLAND

Died at Owings Mills Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 14

Age 10

6 24

School boy

Male

White

~~Mixed~~

Widow

~~Divorced~~

Single

Widower

~~Number of children living~~Husband
of

Wife

Father's Name Robert A J Glenn

Mother's

Maiden Name

Unknown

Cause of

Primary

Appendicitis

Death

Immediate

Peritonitis

How long sick

one week

~~Accident, Suicide, Homicide~~

Reported by

Dr. W. H. Hearnshaw

Address

Owings Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Name
in
Full

Unnamed Grace

CERTIFICATE

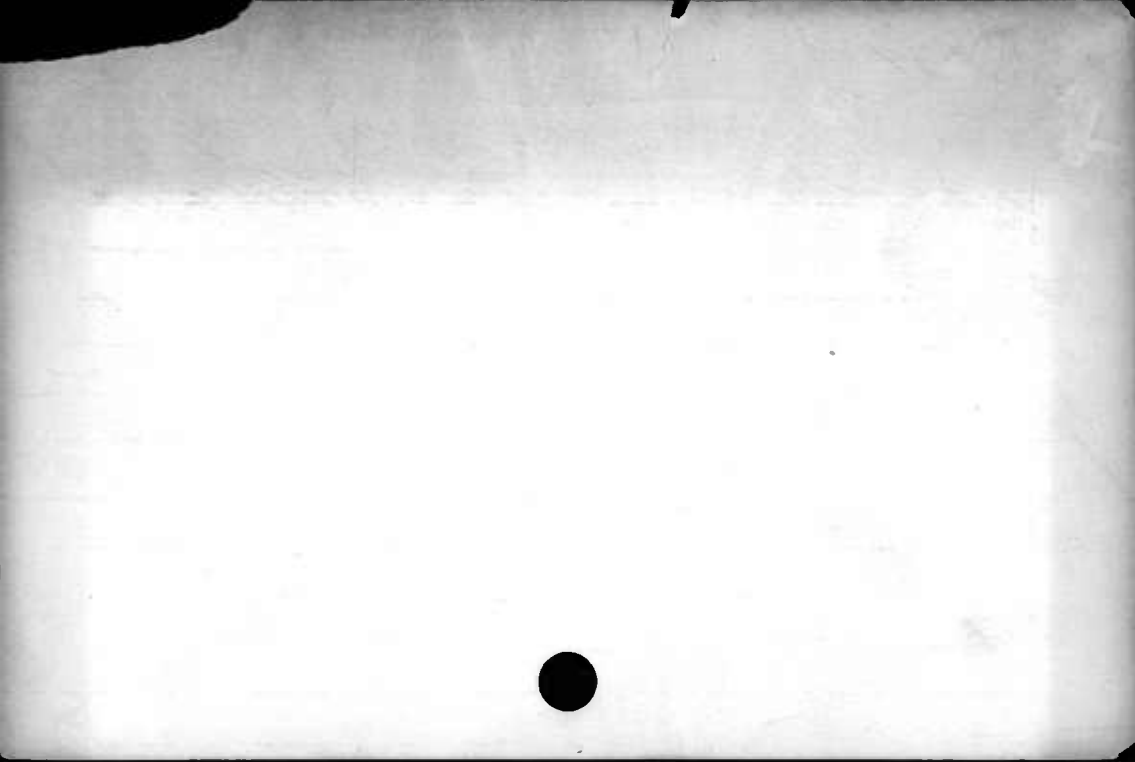
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDonogh</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 1902	<i>June</i>	Month	<i>10</i>	Day	<i>Still</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>McDonogh</i>						
Married, Single or Widowed <i>Single</i>				Occupation <i>None</i>					
Name of Wife or Husband <i>None</i>									
Father's Name <i>C. H. Grace</i>						Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Miss R. Dedson</i>						Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>S. J. Morland</i>						How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Haemorrhage</i>	How long <i>10</i>
Immediate <i>Still born (Premature delivery)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Campbell M.D.</i>
	Address <i>Orange Mills Md</i>
Accident or Suicide? <i>None</i>	



Name in Full

Certificate of Death

Chas Green

Died at ^{Town} Balto. Co ^{County} Alms house

MARYLAND

Date 189 ¹⁹⁰² ^{Month} 6 ^{Day} 22 ^{Y.} ^{M.} ^{D.} ^{Age} 67 ^{Native of} ^{Occupation} Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of _____

Wife

Father's

Name

Mother's

Name

Cause of ^{Primary}Death ^{Immediate}

Pulmonary Tuberculosis

How long sick

Had been in
alms house 5 days
Accident, Suicide, Homicide

Reported by

Pro. C. Bussey

Address

Texas

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Herman Greenlee

Died at

Rosedale

County

Balto

MARYLAND

Date 19

02

Month

Day

6 30

Y.

M.

D.

Native of

Occupation

Age

Mid

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3.

Husband

of

Wife

Father's

Name

Mrs Greenlee

Mother's

Maiden Name

Cause of

Primary

Typhoid fever

Death

Immediate

Paralysis of heart.

How long sick

3 weeks.

~~Accident, Suicide, Homicide~~

Reported by

Address

J. C. Schorfield

1401 Linn

Hyland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Grensee

Town

County

Died at

Rose Dale

Bato

MARYLAND

Date 189

1902 June 12

Month

Day

Y.

-M.

D.

Native of

Occupation

Age

8

Md

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Frank Grensee

Mother's

Name

Anna Grensee

Cause of

Primary

Death

Immediate

Convulsions

How long sick

12 hours

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Anna Fischer Midwife

Rouville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate
received from _____
of _____

Mary E. Gude

Town

County

Died at

Canton

Balto.

MARYLAND

Date 1902 June 19. | Age - 5 - | Native of Balto. | Occupation —

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Chas. I. Gude

Mother's

Maiden Name

6/9

Cause of

Primary

Dentition

How long sick

10 days

Death

Immediate

Cerebro Spinal Meningitis

Accident, Suicide, Homicide

Reported by

F. W. Schuecker M.D.

Address

1013 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francis J. Hale

Town

Catonsville

County

Baltimore

MARYLAND

Died at

Date

1902

Month

June

Day

23rd

Y.

M.

D.

Age

46

Native of

U.S.

Occupation

none

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Epilepsy

Death

Immediate

Exhaustion from Epilepsy

How long sick

Since childhood

Accident, Suicide, Homicide

Reported by

W. Rushmer White M.B.

Address

Assistant Physician

Richard Gundry Home
Catonsville
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name *Ms. Hannah Ann Hall*
 Town *St. Denis* County *Baltimore* MARYLAND
 Died at
 Date 1908 *6-27* Month *6* Day *27* Y. *60* M. *60* D. *60* Native of *Md.* Occupation *Housekeeping*
~~Male~~ ~~White~~ Married ~~Single~~ Widow ~~Widower~~ Divorced
 Female Colored Number of children living

Husband of
 Wife
 Father's Name
 Mother's Maiden Name

Cause of Death { Primary *La Grippe & Bronchitis* Immediate *Dysentery & Gangrene*
 How long sick *5 months*
 Accident, Suicide, Homicide

Reported by *L. D. Dyer, M.D.*
 Address *224 N. Hill St.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Russell Hamilton
 Died at ^{Town} Albhol Terrace ^{County} Balto MARYLAND

Date 1892 ^{Month} June ^{Day} 1 ^{Y.} 64 ^{M.} - ^{D.} - ^{Native of} Scotland ^{Occupation} -
~~Male~~ White Married Widow Divorced
Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of ^{Primary} Cerebral Hemorrhage ^{How long sick} 5 hrs
^{Death} ^{Immediate} Respiratory Failure ^{Accident, Suicide, Homicide}

Reported by Lewis H Gundry M.D.

Address Augusta & Fredk An
Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Peter Hammer

Died at *Govanstown* Town *Baltimore Co.* County *MARYLAND*

Date 190*7* *June* *22* Month Day Y. M. D. Age *75-11* Native of *Maryland* Occupation *Mill right-*

Male *White* Married *Widow* Divorced *Female* *Colored* *Single* Widower Number of children living *4*

Husband of *Sarah Cordelia Hammer* Wife

Father's Name *Peter Hammer* Mother's Maiden Name *Eliza Dabbs*

Cause of Death { Primary *Chronic Gastritis* Immediate *Supernatation 104* How long sick *one year* Accident, Suicide, Homicide

Reported by *W Elmer Hammer M D*

Address *1100 N Calhoun St Baltimore Md*

Pres. *Webb M. Lister* 115 D. N. Carey St. Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1983

To London Park
Cemetery
Baltimore

Mr Frank R. Rich
Towson

9th District

Anna C. Hammerbacher

Town

County

Died at *Childs Road off Hebrew Cem. Balty.* MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*02**6**8*

Age

*29**Md.**none*~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

135

Cause of

Primary

Perturitiva complicated by

How long sick

one week

Death

Immediate

*Placenta praevia**causing fatal hemorrhages*

Accident, Suicide, Homicide

Septicaemia

Reported by

G. G. Busk.

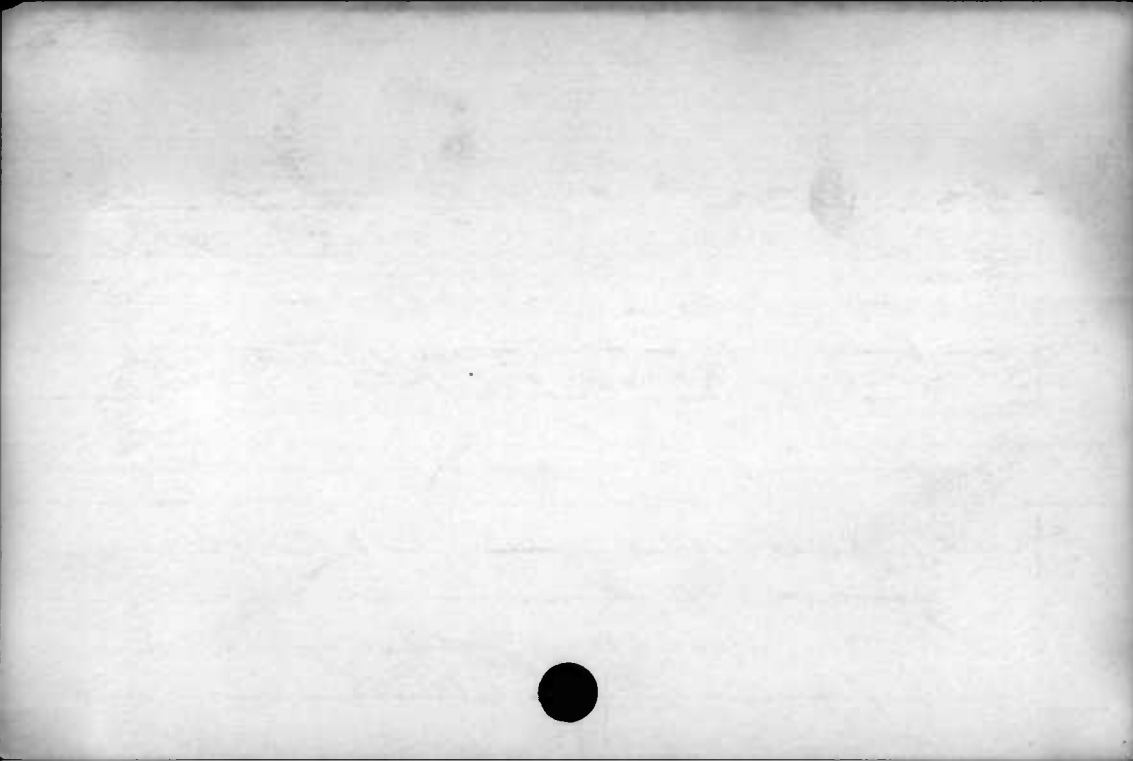
Address

*2000 E. Balto St**Balty. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		George Law. Harrison				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Stevenson	County Baltimore	MARYLAND		
		Date of death 190		Month June	Day 5 th	Years 30	Months —	Days —
		Sex Male		Color or Race white		Birth-place Maryland.		
		Married, Single or Widowed married		Occupation merchant				
		Name of wife Florence Patterson		Harrison				
		Father's Name George L. Harrison		Father's Birthplace Md				
		Mother's Maiden Name Florence P. Mordecai		Mother's Birthplace Md.				
		Name of person giving information George P. Mordecai		How related to deceased Brother in Law.				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary 166				How long		
		Immediate Accidental Death by Shooting				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Richard A. Bevan, Jr.		
						Address Acting Coroner Annapolis Md		
		Accident or Suicide?						



Name
in
Full

William Gilpin Harrison

CERTIFICATE OF DEATH

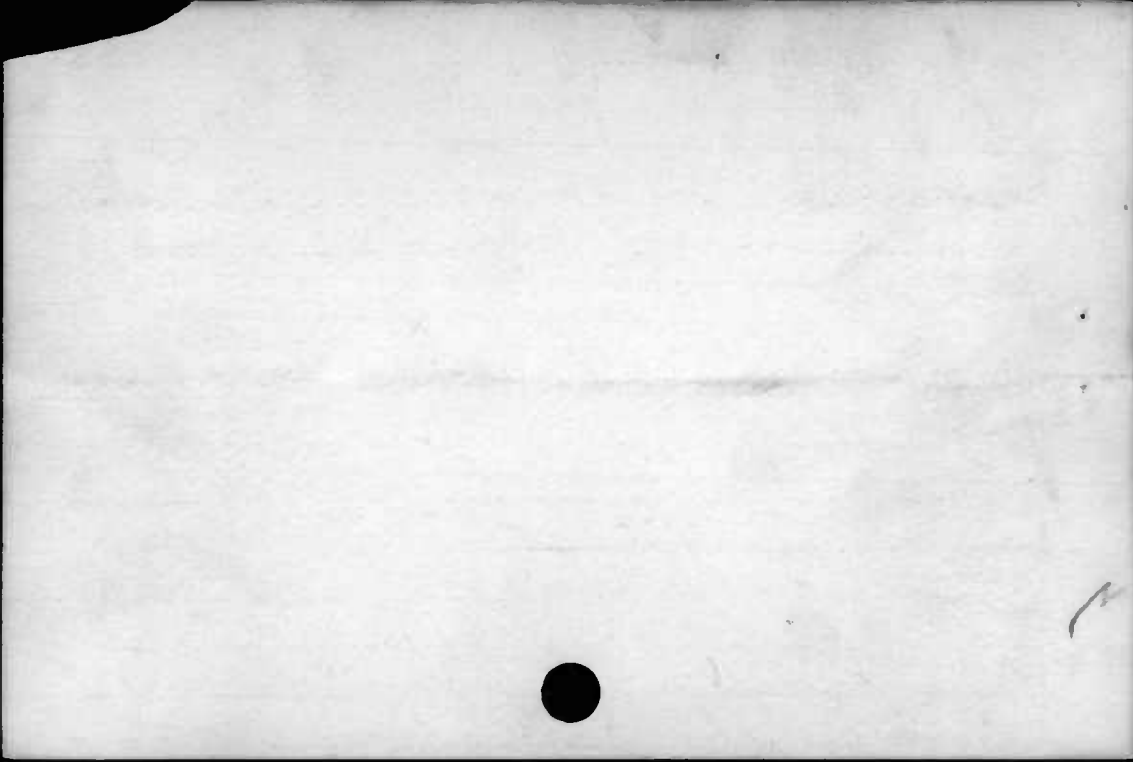
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Roland Park		Baltimore		MARYLAND	
Date of death 190	2	Month	June	Day	14	Years	30
Sex		male		Color or Race		White	
Married, Single or Widowed		Single		Occupation		Mechanical Engineer	
Name of Wife or Husband				Birth-place		Virginia	
Father's Name		Charles K. Harrison		Father's Birthplace		La	
Mother's Maiden Name		Lavinia Triplett Hoaxall		Mother's Birthplace		Va	
Name of person giving information		Hucker		How related to deceased		20	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septic Infection	How long	abt 3 mos.
Immediate	Meningeal Endocarditis & Cerebral Embolism	How long	abt 6 wks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. F. Lockwood
		Address	8 E. Eager St. Baltimore
Accident or Suicide?	Accident		



Name In Full

Certificate of Death

Adeline C. Helmer

Town

County

Died at

1902

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

6 25 50
 Maryland Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

—

~~Husband~~ of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79888

Henry Hock

Name in Full

Certificate of Death

Catherine Hepburn

Town

County

Died at Marble Vale near Phoenix Baltimore Co MARYLAND

Date 189 ¹⁹⁰² Month ^{June} Day ²⁶ Y. ⁶¹ M. ⁰ D. ⁴ Native of ^{Maryland} Occupation ^{House-keeper}
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

~~Accident~~ ~~Suicide~~ ~~Extremity~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85069



Name In Full

Certificate of Death

Annie E. Hill

8

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

5

Age

6

Ind

Male

~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

X

Wife

Father's

Mother's

Name

Maiden Name

Elsworth Hill

Susan E. Campbell

Cause of

Primary

convulsions

How long sick

one day

Death

Immediate

epilepsy

Accident, Suicide, Homicide

Reported by

23 Hill

Address

Hill Union

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Gussie Hodson

Town

County

Died at

Catonsville Balto.

MARYLAND

Date

1902 June 14

Age

31 - 0 - 0

Native of

Maryland

Occupation

None

Female

White

Single

Widow

Number of children living

0

Husband

Unmarried

Wife

Father's

Name

Thos. D. Hodson

Mother's

Name

Unknown

Cause of

Primary

Pulmonary Tuberculosis

How long sick

2 months

Death

Immediate

Exhaustion -

~~Accident, Suicide, Homicide~~

Reported by

J. Percy Wade M.D.

Address

Thos. D. Sp. for name Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Mrs Catherine Teresa Hoffman

Died at Cockeysville Talto MARYLAND

Date 1902 June 13 Age 34 Y. M. D. Native of MD Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 6

Husband of William Henry Hoffman

Wife of William Henry Hoffman

Father's Name Michael M. Brough Mother's Maiden Name Bridget Gaffey

Cause of Death { Primary Pulmonary Tuberculosis How long sick 8 Months

Death { Immediate Pulmonary Hemorrhage Accident, Suicide, Homicide

Reported by Dr. J. K. Bensen

Address Cockeysville Talto, Md. NW

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louise Sterett Hollins

CERTIFICATE OF DEATH

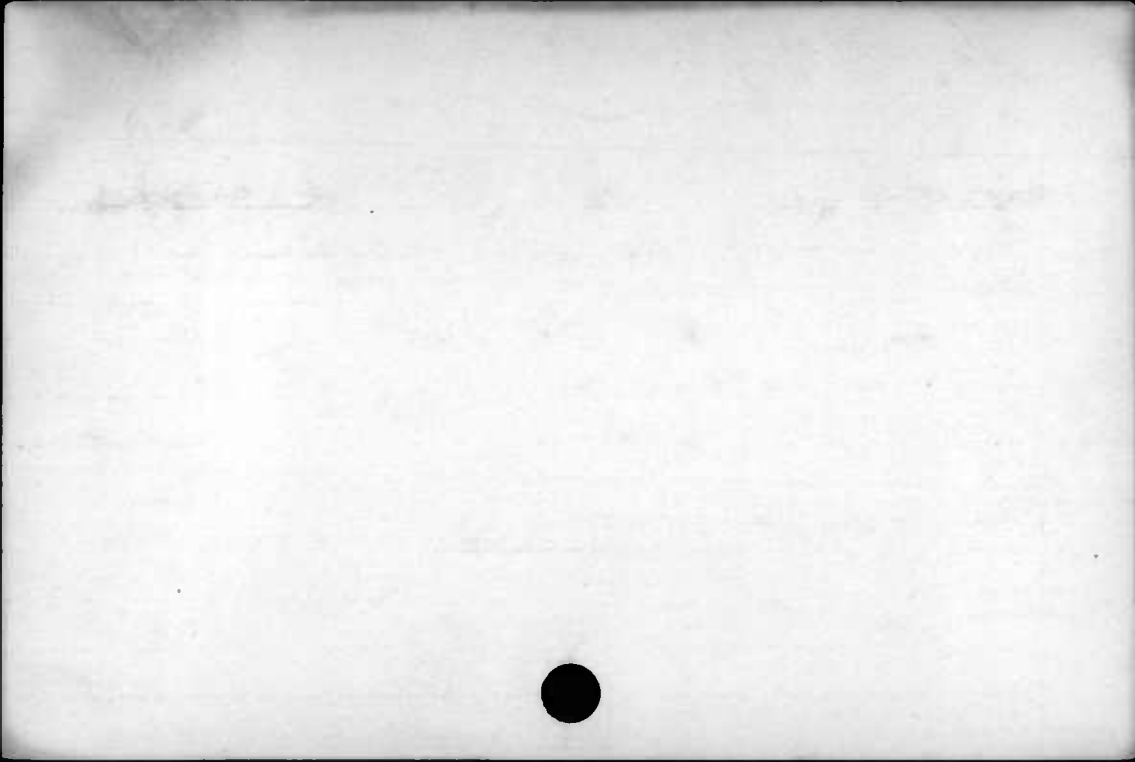
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		—		MARYLAND			
Date of death 190		Month		Day		Years		Months		Days	
		June		13		Age 53		5		—	
Sex		Female		Color or Race		White		Birth-place		Florida	
Married, Single or Widened		Single		Occupation		None					
Name of Wife or Husband											
Father's Name		Com. George H. Hollins		Father's Birthplace		Md					
Mother's Maiden Name		Maria Sterett.		Mother's Birthplace		"					
Name of person giving information		J. W. Thurston		How related to deceased		Brother in law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Carcinoma breast		How long		about 13 m	
Immediate		Exhaustion		How long		3 months	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C B Gammahy	
				Address		24 W. Biddle St	
Accident or Suicide?							



Name
in
Full

Frogh Hooper

CERTIFICATE OF DEATH

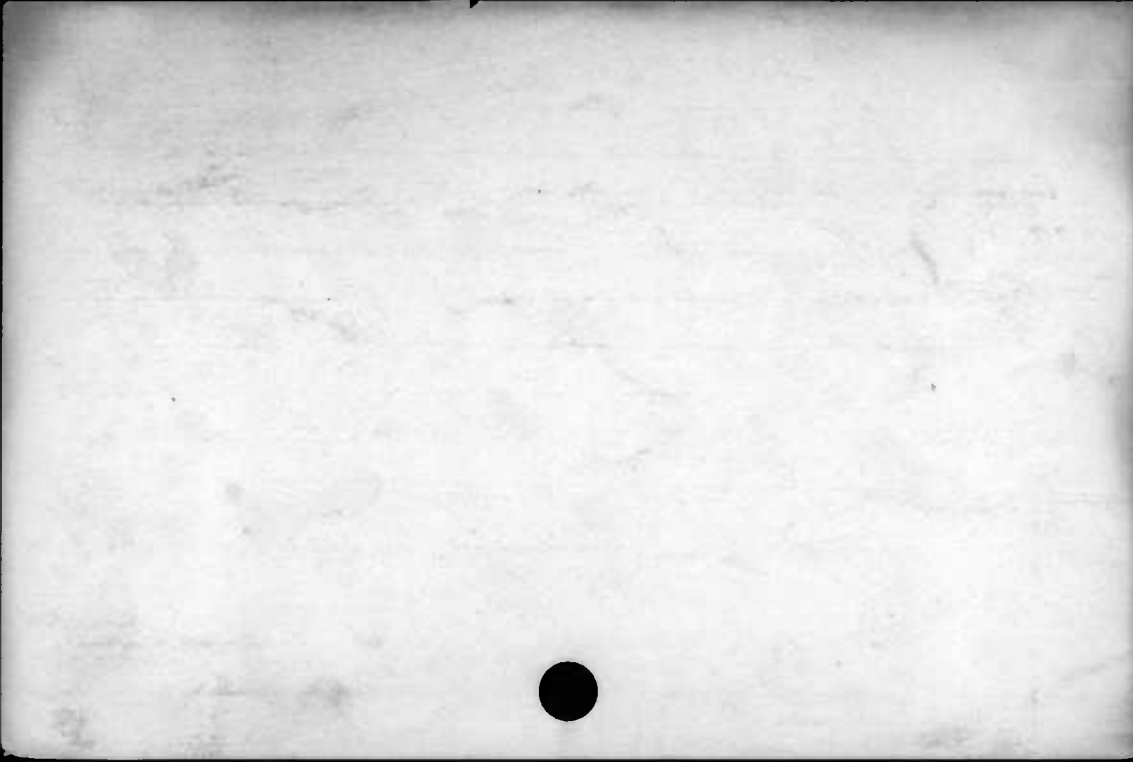
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chase</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	Month <i>2 June</i>	Day <i>28th</i>	Age <i>45~</i>	Years	Months	Days	
Sex <i>man</i>	Color or Race	Collar <i>Collared</i>		Birth- place <i>Balto Co</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>laborer</i>					
Name of Wife or Husband							
Father's Name <i>Luuke Hooper, Dorsey</i>				Father's Birthplace <i>Balto. Co</i>			
Mother's Maiden Name				Mother's Birthplace <i>Pool's Island</i>			
Name of person giving Information <i>Olifiah Underwood</i>				How related to deceased <i>Brother-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>166</i>
Immediate <i>killed by train</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James F. Gibson Jr.</i>
	Address
Accident or Suicide? <i>accident</i>	



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Hooper*
 Died at *Chase* Town *Baltimore* County

Date of death 190 *2* Month *June* Day *9* Age *67* Years *67* Months *None* Days *None*

Sex *Male* Color or Race *White* Birth-place *Chase*

Married, ~~Single~~ *Married* or Widowed Occupation *Water*

Name of Wife or ~~Husband~~ *Margaret Hooper*

Father's Name *James Hooper* Father's Birthplace *Chase*

Mother's Maiden Name *John Hooper* Mother's Birthplace *Cooperstown*

Name of person giving In formation *John Hooper* How related to deceased *Son*

CAUSES OF DEATH

Primary *Dropsy* How long *3 years*
177 How long *3 years*

Immediate *177*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *William J. Jenkins*
 Address *Chase*

Accident or Suicide? *No*



Name In Full *W Army Hudson*
 Town *Crown* County *Baltimore* MARYLAND
 Died at *Crown*
 Date 19 *19* Month *6* Day *4* Age *64* Y. M. D. Native of *Maryland* Occupation *Mill Hand*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *3*
 Husband of _____
 Wife _____
 Father's Name *Tom Hudson* Mother's Maiden Name *1920*
 Cause of Death { Primary *Bright Discharge* Immediate *Euremic poisoning* } How long sick *5 m*
 { *Accident, Suicide, Homicide* }
 Reported by *J B Orring*
 Address *Ellicott City*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Henry Jones

Town

County

Died at Hamilton Ave

Baltimore Co

MARYLAND

Date 1902 June 19

Y. M. D.

Native of

Occupation

Date 1902

Age 72 years

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 9

Husband

of Mary E. Elizabeth

Wife

Father's

Name

John Jones

Mother's

Name

Emily Bruce

Cause of

Primary

Cardiac Disease

How long sick

Death

Immediate

Debility

Accident, Suicide, Homicide

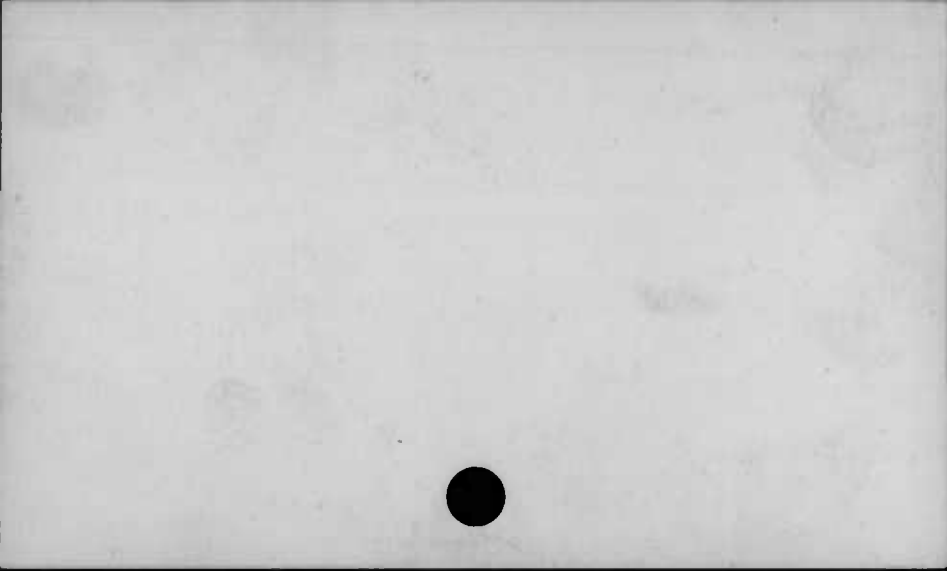
Reported by

Dr John Parson

Address

Gerrystown Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Addie G. Keelen.

Town

County

Died at

Parkston, Baltimore

MARYLAND

Date 189

1902.

Month

Day

Y.

M.

D.

Native of

Occupation

10. 21.

Age

7. 9.

Parkston, Infant.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Edward G. Keelen.

Mother's

Name

Maria Jane Keelen.

Cause of

Primary

Starasmus

Death

Immediate

Whooping Cough.

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Francis Patrick Kelley</i>		Town <i>Pikeville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death 1902		Age		Months	
		Month <i>June</i>		Day <i>12</i>		Years <i>74</i>	
Sex		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Days	
Married: Single Widowed		Occupation <i>Labourer</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name				Mother's Birthplace <i>"</i>			
Name of person giving Information <i>H. H. Mathews</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>154</i>
Immediate <i>Bronchitis</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. H. Mathews</i>
	Address <i>Pikeville</i>
	

Accident or Suicide?



Name in Full

Certificate of Death

9

MARYLAND

Died at *Sarah Kellum*
Town *Honolulu* County *Bat*

Date 19 <i>02</i>	Month <i>5</i>	Day <i>11</i>	Age <i>52</i>	Y. M. D.	Native of <i>Ind</i>	Occupation <i>Washwoman</i>
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband of *Geo Kellum*
WifeFather's Name
Mother's Maiden Name

Cause of Death	Primary	<i>Grippe Dropsy</i>	How long sick <i>5 1/2 - 11 = days</i>
	Immediate	<i>Exhaustion</i>	
			<u>Accident, Suicide, Homicide</u>

Reported by *Joe Hall*Address *Wt Minn*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Still Born Not Named

Died at ^{Town} Still born ^{County} Balto MARYLAND

Date 1902 June 19 Age 0 0 0 Native of Mr Occupation

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of

Wife

Father's Name	Henry Kessler	Mother's Maiden Name	Mary E. White
---------------	---------------	----------------------	---------------

Cause of Death { Primary Prolonged and severe colic How long sick

Death { Immediate Accident, Suicide, Homicide

Reported by Dr W. M. Burdett

Address Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Earl W. Krichman

7

Town

County

MARYLAND

Died at

Annapolis Ave.

Baltimore

Date 19

02 June 8

M.

P.

Native of

Occupation

Age

11

Balt. Co.

Infant

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

William H. Krichman

Maiden Name

Cecile Stoneseiger

Cause of

Primary

Cholera Infantum

How long sick

4 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Frank H. Krichman M.D.

Address

Lansdowne, Balt Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George H. Knight
 Town Canton County Balto

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 26

Age

40

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Accidental drowning

How long sick

Death

Immediate

1

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

John B. Mueller Coroner

Address

416 O'Donnell St. Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Je Phi Jackson
Balt Cammery

Name
in
Full

John. Kopp.

11

CERTIFICATE OF DEATH

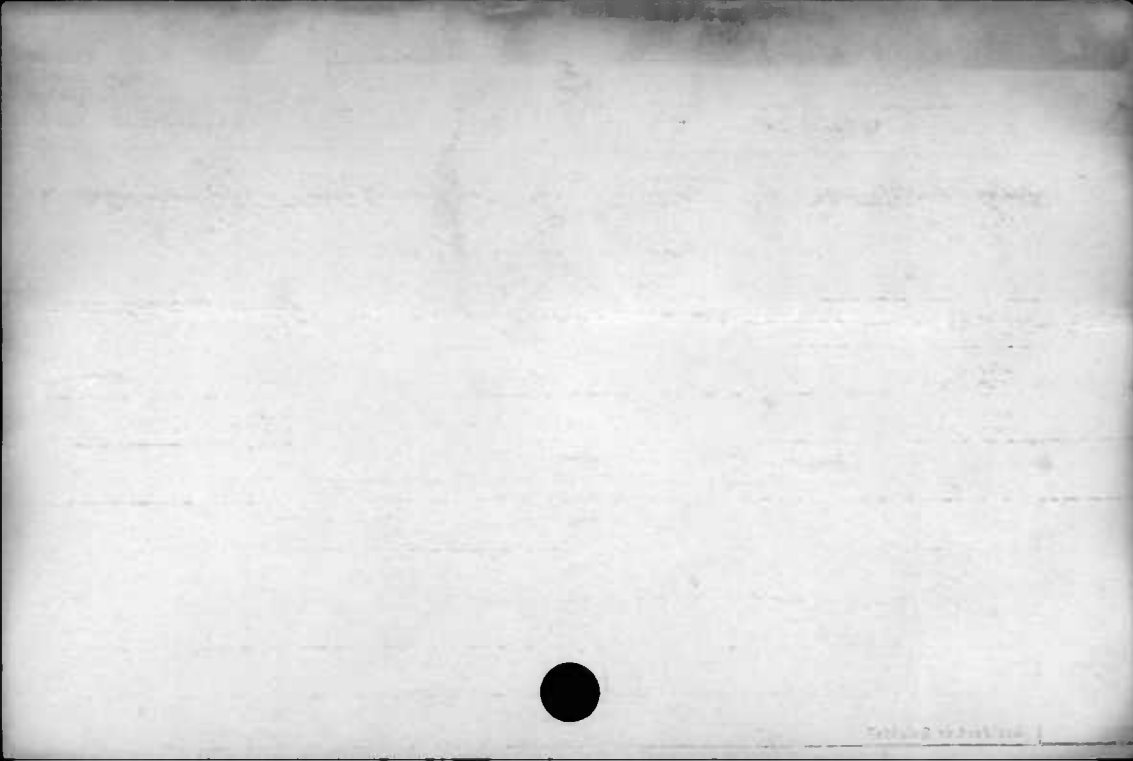
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bonhatten Beach</u> ^{town}		<u>Baltimore</u> ^{city}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>6</u>	Day <u>15</u>	Years <u>16</u>	Months	Days
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Balt Md</u>	
Married, Single or Widowed		Occupation <u>Laborer</u>			
Name of Wife or Husband _____					
Father's Name <u>Fred. Kopp.</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Satterius Kopp</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>George Arnold</u>			How related to deceased <u>uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Accident -</u>	How long	<u>172</u>
Immediate	<u>Drowning</u>	How long	_____
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician or Coroner <u>August W. Miller</u>	
<u>Ent. Wmians</u>		Address <u>Ind.</u>	
Accident or Suicide? <u>Drowning</u>			



Name In Full

Certificate of Death

Name *Conrad Krebs*
 Town *S. Lopez's Lane* County *Baltimore* MARYLAND
 Died at
 Date 19 *07* June *29* Age *69*
 Month Day Y. M. D. Native of Occupation
 Male White Married ~~Widow~~ Divorced *Cooper*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary *Val. Dis. Heart; Rheumatism* How long sick *3 months*
 Death Immediate *Acute* Accident, Suicide, Homicide

Reported by

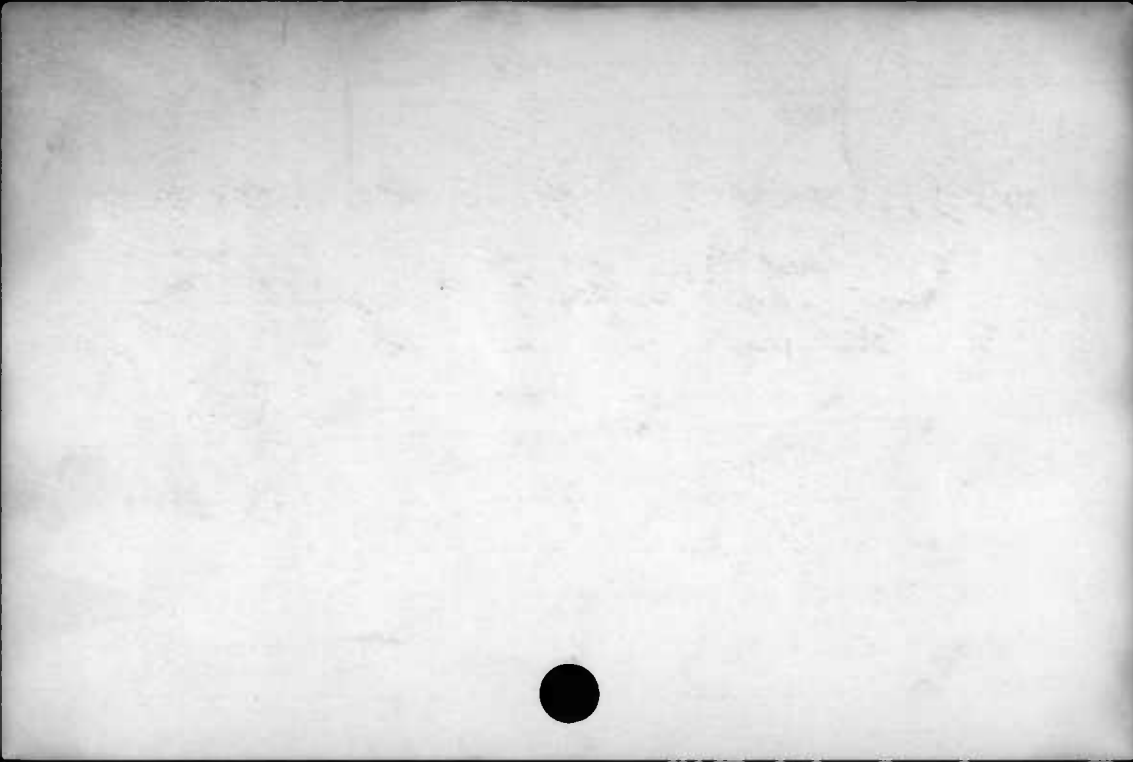
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Rose Dale</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND
	Date of death 190 <i>8</i>	Month <i>June</i>	Day <i>13th</i>	Years <i>5-4</i>	Months <i>3</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>		
	Married, Single or Widowed <i>Married</i>	Occupation <i>Tanner</i>			
	Name of Wife or Husband <i>Ellen Snyder</i>				
	Father's Name <i>Jacob Snyder</i>		Father's Birthplace <i>Mo</i>		
	Mother's Maiden Name <i>Mary Snyder</i>		Mother's Birthplace <i>Mo</i>		
	Name of person giving information <i>A. C. Sennick</i>		How related to deceased <i>—</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Acute Dis-Enteritis</i>		How long <i>106</i> <i>three weeks</i>		
	Immediate <i>General debility</i>		How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. C. Sennick</i>		
			Address <i>Hobbsville Mo</i>		
	Accident or Suicide? <i>—</i>				



Name

In
Full

Rachel A Leigh

CERTIFICATE OF DEATH

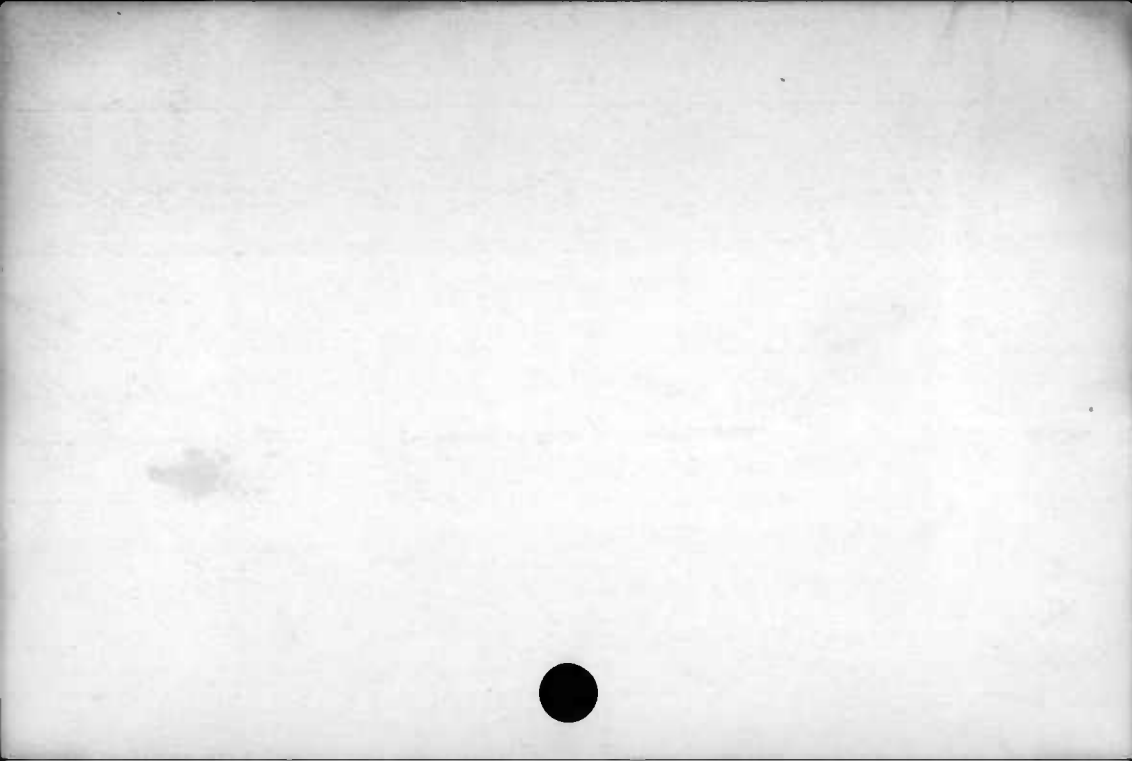
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
White Hall		Baltimore					
Date	Month	Day	Years	Months	Days		
of death 1902	June	14	Age 68				
Sex	Female	Color or Race	White	Birth-place	White Hall, Md.		
Married, Single or Widowed			Occupation				
			Housewife				
Name of Wife or Husband							
Isiah Leigh							
Father's Name				Father's Birthplace			
Moses Colett				White Hall			
Mother's Maiden Name				Mother's Birthplace			
Catherine Stitz				White Hall			
Name of person giving information				How related to deceased			
Charles W Leigh				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Yellow Atrophy of liver	How long	one year
Immediate	Gangrenous	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. K. Mitchell,	
		Address	
		Herford, Md.	
Accident or Suicide?			



Name
in
Full

Julia Murray Leddy

CERTIFICATE OF DEATH

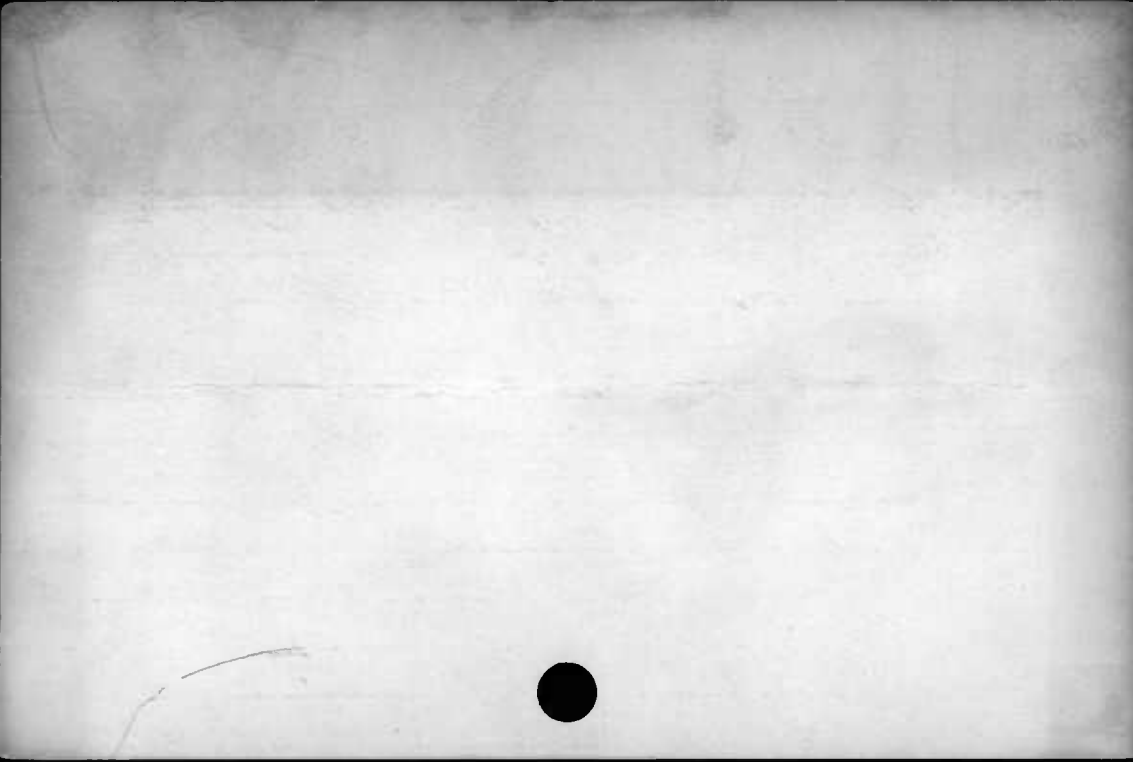
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ruscombe</u> Town			<u>Baltimore</u> County			MARYLAND	
Date of death 190 <u>2</u>		Month <u>June</u>	Day <u>17</u>	Age <u>74</u>	Years	Months <u>1</u>	Days <u>7</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Pittsburgh Pa</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u></u>					
Name of Wife or Husband <u>John V Leddy</u>							
Father's Name <u>Maximus Murray</u>		Father's Birthplace <u></u>					
Mother's Maiden Name <u>Mary Watkins</u>		Mother's Birthplace <u>Pittsburg Pa</u>					
Name of person giving information <u>John V Leddy</u>		How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Arterio Sclerosis</u>		How long <u>3 years</u>
Immediate <u>Paralysis Interm</u>		How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. B. Gamble</u>
		Address <u>2600 E. Biddle</u> <u>Baltimore</u>
Accident or Suicide?		



Name In Full

Certificate of Death

John T Lockard

Town

County

Died at *Catoxville*

MARYLAND

Date *1902* *June 24* Y. M. D. Age *72* Native of *Ind* Occupation *Farmer*
 Male *White* Married *Widow* Divorced *Female* *Colored* Single *Widower* Number of children living *7*

Husband of *Elisbeth Lockard*

Father's Name *Henry Lockard* Mother's Name *Arabella Lockard*

Cause of *Primary Accident Wounds*

Death *Immediate Exhaustion* How long sick *Accident, Suicide, Homicide*

Reported by *J. Whiteley*Address *166 Catoxville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant Marshall (Still birth)

Died at

Town
Leonton

County

Bulto

MARYLAND

Date 1902

Month

Day

June 14th

Age

Still birth

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Frank Marshall

Mother's

Maiden Name

Phonnie Braumey

Cause of

Primary

Still Birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. N. Hiley

Address

21 Hudson St East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full Henry Mehl
 Died at Perry Hill Town Baltimore County MARYLAND

Date 90 2 June 15 Month Day Y. M. D. Age 73 Native of Germany Occupation Farmer
 Male White Married Widow ~~Divorced~~
~~Female~~ Colored ~~Single~~ Widower Number of children living 1

Husband of Mary Mehl ()
 Name Conrad Mehl Mother's Name Katherine

Cause of Death { Primary Chronic Bronchitis - General Debility How long sick About 6 mos.
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by Lizard D. Whiteford, M.D.
Parkville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Samuel Meredith
 Died at Shane ^{Town} Baltimore ^{County} MARYLAND
 Date 1902 June 2 ^{Month} ^{Day} Age 42 11 22 ^{Y.} ^{M.} ^{D.} Native of MD Occupation Farm Hand
 Male White Married Widow Divorced Widower
 Female Colored Single Number of children living Six

Husband of Saura Wilson
 Father's Name Micajah Meredith Mother's Name Mary E. Garrison
 Cause of Death { Primary Rheumatism How long sick 14 months
 { Immediate Endocarditis Accident, Suicide, Homicide

Reported by W Millard Sterling M.D.Address Shane
MD.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah J. Mullineaux

Died at ^{Town} South Towsown ^{County} Balto. MARYLAND

Date 1902 June 7 | Age 85 - - | Native of ind | Occupation Housewife

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living -

Female ☐ Colored ☐ Single ☒ Widower ☐

Husband of _____

Wife _____

Father's Name Josiah Mullineaux Mother's Name Hannah Mullineaux

Cause of Death { Primary Immediate Injury by fall from window

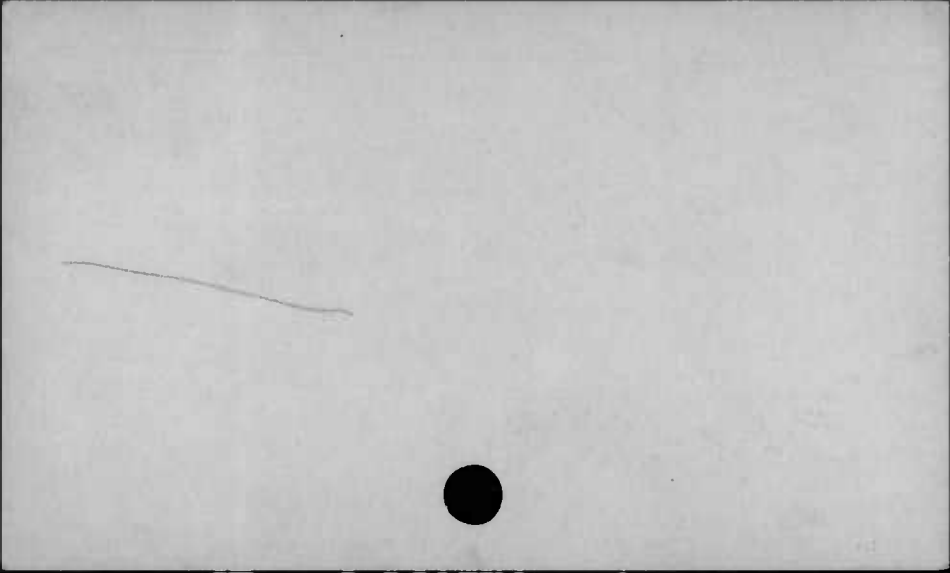
How long sick Thirty six hours

Accident, ~~Suicide~~, ~~Homicide~~

Reported by 2 J. B. Jarrett M.D.

Address 166 Towsown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full

Certificate of Death

Amelia Naimaster

Died at ^{Town} Rossville ^{County} Davis

MARYLAND

Date 1902 June 28 Age 5 mo Native of Ma Occupation —

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name George Naimaster Mother's Name Kate Serati

Cause of Death { Primary Organic Heart disease How long sick

Death { Immediate Accident, Suicide, Homicide

Reported by L. V. Mace M.D. 79

Address Rossville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Nicholas W. Nelson

Town

County

Died at Manor

Baltimore

MARYLAND

Date 1902 6 24 | Age 16 | Y. M. D. | Native of U.S. | Occupation Schoolboy

Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Howard Nelson | Mother's Name Flora Parker

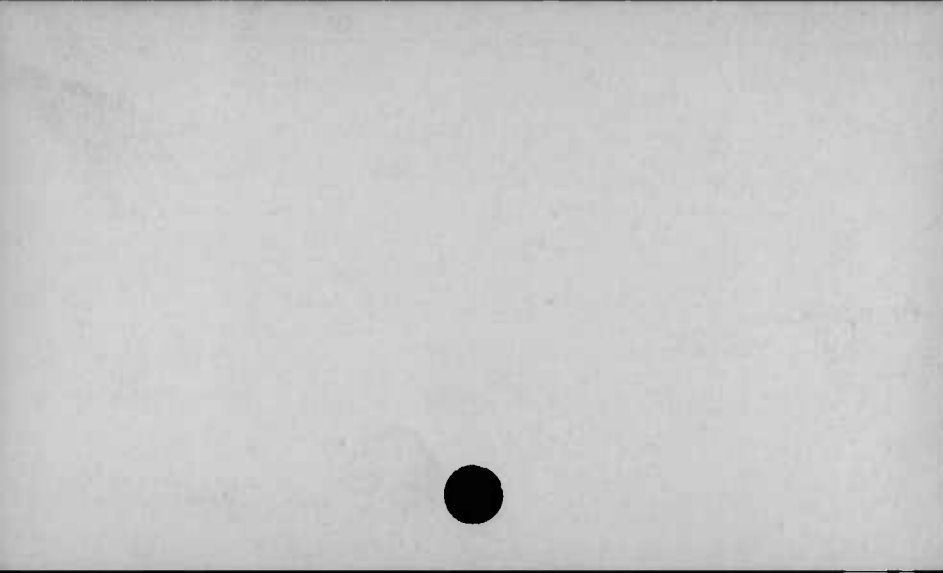
Cause of Death { Primary Mitral Insufficiency | How long sick 2 weeks
 Immediate Cardiac Asthenia | Accident, Suicide, Homicide

Reported by J. Ross Payne M.D.

Address Corbett

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



TO BE ANSWERED BY
NEAREST FRIEND

Charles Norris

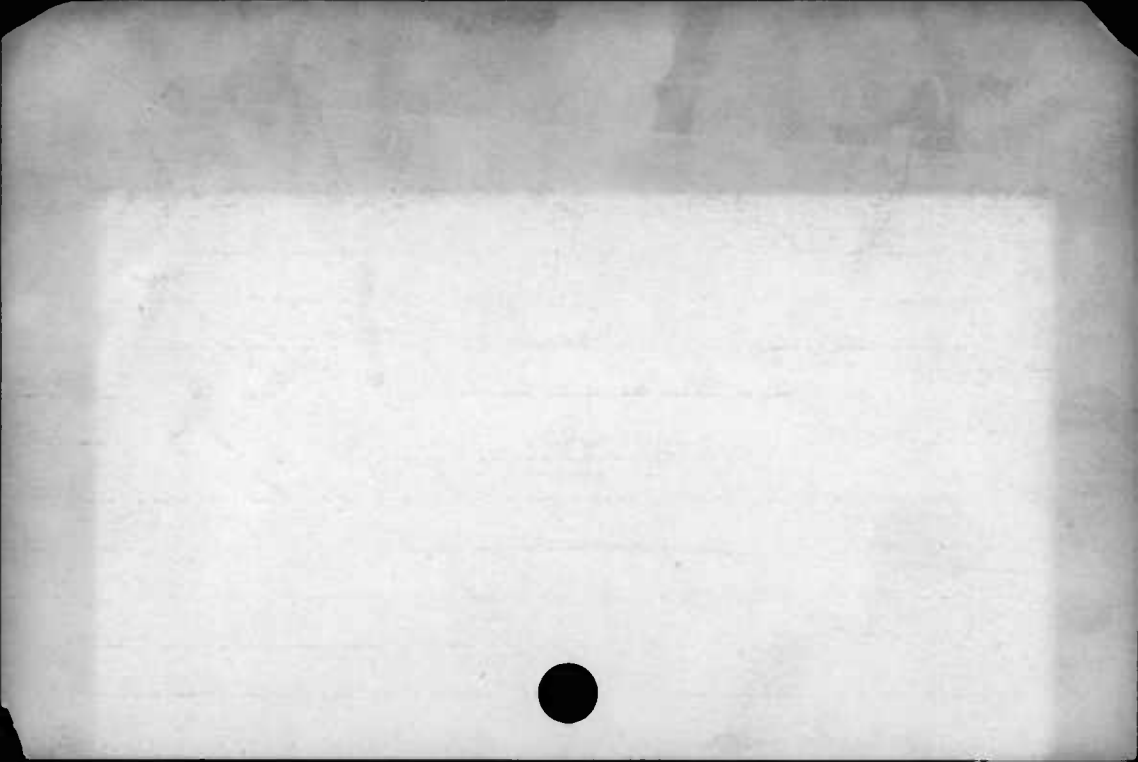
CERTIFICATE OF DEATH

Died at <i>Randallstown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1902	Month <i>6</i>	Day <i>19</i>	Age <i>62</i>	Years	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto. Co.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Violet Norris</i>					
Father's Name <i>Joshua Norris</i>			Father's Birthplace <i>Balto. Co.</i>		
Mother's Maiden Name <i>Violet Carroll</i>			Mother's Birthplace <i>Balto. Co.</i>		
Name of person giving information <i>Wm. H. Norris</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Carcinoma of the Stomach</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Linnick</i>
	Address <i>J. H. Webbville Md</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Bertha A. Auld

Town

County

Died at

Highland

Baltimore

MARYLAND

Date 19

02

Month

6

Day

5

Age

Y.

M.

D.

28

Native of

Baltimore

Occupation

none

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

5

Husband
of

Wife

Edward W. Auld

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cerebro meningitis

Death

Immediate

spontaneous

How long sick

45 days

Accident, Suicide, Homicide

Reported by

Address

C. F. Sudduth, Jr.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bals, Lem

Name in Full

Certificate of Death

Town

County

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

~~Male~~

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75205



Name In Full

Certificate of Death

David Parry

Died at *Mutter's farm* Town *Baltimore* County *MARYLAND*Date 19 *12* Month *June* Day *27* Y. *2* M. *6* D. Native of OccupationAge *2-6*
Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dysentery Diarrhoea (Colitis Enterocolitis)

How long sick

15 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

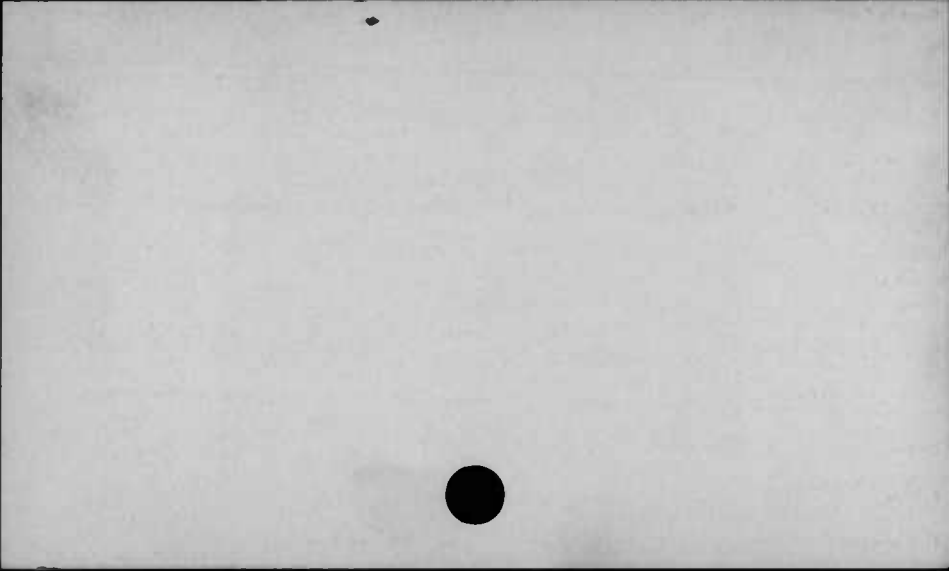
Reported by

Alfred J. Phibbs, M.D.

Address

1121 E. Bales St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah Perce

Town

County

Died at

Sparrow's Point, Balto

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6-15

Age 58

Penn.

None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Cancer and breast 2 yrs
Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by

Address

Woodward M.D.
Sparrow's Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79000



Name In Full

Certificate of Death

Mary Poluda

Died at

Town

County

MARYLAND

Date 19

Month

Day

M.

D.

Native of

Occupation

02

JUN 21

Age

71 years Germany

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

3

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cerebral Apoplexy

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. J. Wanda M.D.

Address

Rossville, Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Frank Crach

1904 Ashland Ave

Name In Full

Certificate of Death

Virginia Powell

Town

County

Died at

Catonsville

Balto.

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 27 55-0-0 Penn. Seamstress

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Intestinal Obstruction

How long sick

1 week

Death

Immediate

Peritonitis

~~Accident, Suicide, Homicide~~

Reported by

R. L. Dr. Garrett M.D.

Address

Catonsville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

108



Name in Full

Certificate of Death

Morris Preston

Died at ^{Town} Pindico^{County} Balto

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
902	6	15	—	6	—	U. S	none
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
ofWife
Father's
NameMother's
Name

Cause of	Primary	Death	Immediate
	Dentition		Spasm

How long sick

3 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name In Full

Certificate of Death

Ho.
 William Russell Sr.

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

12 Jun 4 | Age 57 ⁴/₄ days | Mac Minster
 Male ~~White~~ Married Widow Divorced
 Female ~~Colored~~ Single Widower Number of children living 3

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Enterance.

Doudero

Chapel

Belair Road

Putty hill

Geo W. Gramm

undertaker

Name in Full

Certificate of Death

16

Mussura Randall

Town

County

MARYLAND

Died at Hulleton

Belts Co.

Month Day

Y. M. D.

Native of

Occupation

Date 1902 6 21

Age

6

md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Wm Randall

Mother's Name

Olivera Randall

Cause of

Primary

Cholera Infantum

How long sick

one day

Death

Immediate

convulsions.

Accident, Suicide, Homicide

Reported by

August W. Miller

Address

1000 Union

md.

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas L. Regan

Died at ^{Town} Canton ^{County} Baltimore

MARYLAND

Date 1902 ^{Month} June ^{Day} 30 ^{Y.} ^{M.} ^{D.} ^{Age} 5 ^{Native of} Md ^{Occupation} None

Male ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Number of children living} —

~~Female~~ ^{Colored} ^{Single} ^{Widower}

Husband of _____

Wife _____

Father's Name Patrick Regan Mother's Maiden Name Margaret Colter

Cause of Death { Primary Succussion How long sick about one month

Immediate Convulsions 15/ Accident, Suicide, Homicide

Reported by Dr. Wm. M. M.

Address 25 S. E. Ave. Beecher

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery
Germanus Brand
Undertaker

Town

Count

Town
Canton

County Bellison

MARYLAND

Mata

White

Manned

Widow

Diversified

Occupation

Female

Solved

Simple

Widower

Number of children living

of

Wife

Father's

Name _____

Mother's

Maiden Name

Primary

Cancer Liver

40

How long sick

Mo.

Death

Immediate

E. Hamilton

Accident, Suicide, Homicide

Reported by

Inverso rursus la d.

Address

1413 Band 8. Balto. Cong.

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.



Name in Full

Certificate of Death

Heston Melvin Reiter

Died at ^{Town} Highlandtown

County Balto.

MARYLAND

Date 1902 ^{Month} 6 ^{Day} 27 ^{Y.} ^{M.} 8 ^{D.} ^{Native of} Md ^{Occupation}

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of _____

Wife _____

Father's Name Jm C Reiter

Mother's Maiden Name Margaret A Orthup

Cause of Death { Primary Cholera Infantum - How long sick 3 days

Death { Immediate Exhaustion 105 ~~Accident, Suicide, Homicide~~

Reported by Jas-L. Truax M.D.

Address 3 My Gough St. Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wilfred Richard Round

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Denis</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>2</u> <u>June</u> Month	<u>21</u> Day	Age <u> </u> Years	<u>3</u> Months	<u>17</u> Days	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>St Denis Md</u>			
Married, Single or Widowed <u> </u>		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Frank Round</u>			Father's Birthplace <u>England</u>		
Mother's Maiden Name <u>Annie Round</u>			Mother's Birthplace <u>England</u>		
Name of person giving Information <u>Mr Frank Round</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diarrhoea</u>	How long <u>24 hours</u>
Immediate <u>Exhaustion</u>	How long <u>105</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. Jarvis M.D.</u>
	Address <u>Elk Ridge Md</u>
	<u>Howard County (over)</u>
Accident or Suicide? <u> </u>	

June 22-1902

To State Board of Health

While I presided for this case
at my office. I have made this

Certificate out as I know the case in
question. and on account of the

refusal of a Physician who was called

in to attend the said child than his

refusal to render a Death Certificate

Dr. H. Garra

Name in Full

Certificate of Death

Philip Schundt

Town

County

Died at

Lauraville

Baltimore

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

June 30

Age

5

U.S.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Adam Schundt

Mother's

Maiden Name

Mortcha Lanstau

Cause of

Primary

Summer Complaint

How long sick

3 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Edw. C. Cook M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Florence E. Scott

13

Died at ^{Town} Hullville ^{County} Balto

MARYLAND

Date 1902 ^{Month} 6 ^{Day} 16 ^{Y.} 23 ^{M.} md ^{D.} md ^{Native of} md ^{Occupation} Housewife

^{Male} White ^{Married} Widow ^{Divorced} md

^{Female} Colorad ^{Single} Widower ^{Number of children living} one

Husband of John E. Scott

Wife John E. Scott

Father's Name Geo A Hill ^{Mother's} Catherine B. Hill

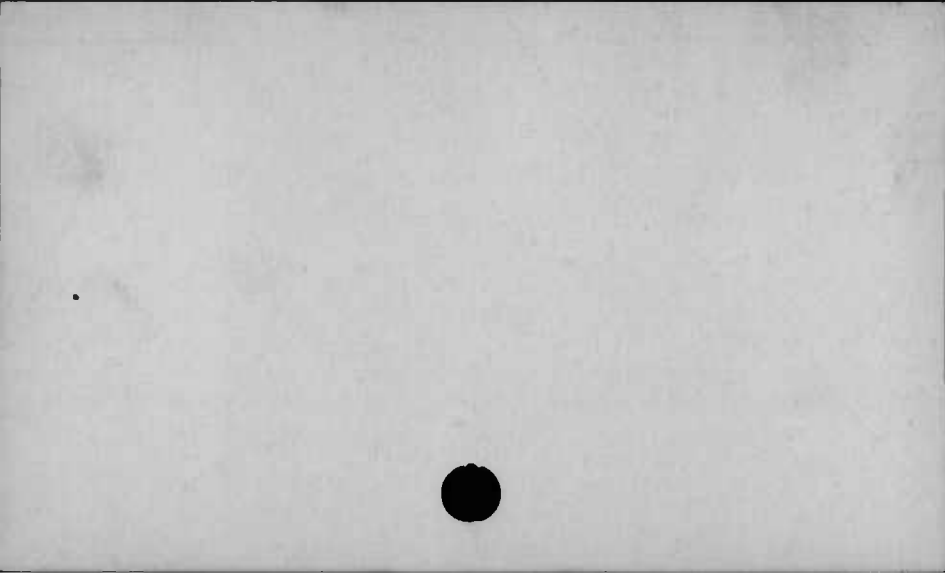
^{Maiden Name} Catherine B. Hill

Cause of ^{Primary} Consumption ^{How long sick} 2 mo

Death ^{Immediate} Exhaustion ^{Accident, Suicide, Homicide} 27

Reported by T. B. HallAddress W. T. Winous

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Dennis Scully

Died at ^{Town} Grange House ^{County} Baltimore

MARYLAND

Date 1902 June 28 Age 43

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993



Name in Full

Certificate of Death

Frederick Seiff

Died at ^{Town} *Winflet for Consumption* ^{County} *Luxon Baltimore* MARYLAND

Date 1890 *2* Month *6* Day *21* Age *54* Y. *6* M. *9* D. *9* Native of *Germany* Occupation *Tailor*


Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *none*

Husband of *Sarah Seiff*

Wife of *Sarah Seiff*

Father's Name *Frederick Seiff* Mother's Name *Sarah Seiff*

Cause of Death { Primary *Tuberculosis* Immediate *27* How long sick *27* Accident, Suicide, Homicide

Reported by *Frank R. Reich*Address 

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Time
in
Full

Patrick Shealeay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mc Donough</u> ^{Town}		<u>Balto</u>		MARYLAND	
Date of death 190 <u>2</u>	<u>June</u> ^{Month}	<u>12</u> ^{Day}	Age <u>68</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Giland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Day Laborer</u>				
Name of Wife <u>Agnes Shealeay</u>					
Father's Name <u>Cornelius Shealeay</u>			Father's Birthplace <u>Giland</u>		
Mother's Maiden Name <u> </u>			Mother's Birthplace <u> </u>		
Name of person giving information <u>Agnes Shealeay</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Complication of disease</u>	How long <u>About 9</u> ^{days}
Immediate <u>Heart Disease</u>	<u>79</u> ^{months}
How long <u>about one month</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. Hearn</u>
	Address <u>Griggs Mills Md</u>
Accident or Suicide?	

Name in Full

Certificate of Death

— — Shipley - infant - No Name

Died at Oella

Town

Baltimore

County

MARYLAND

Date 1901 June 26 Y. M. D. 24 Native of md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Chas Shipley

Mother's Maiden Name

Sarah Shipley

Cause of

Primary

Cholera Infantum

How long sick

Death

Immediate

inanition

Accident, Suicide, Homicide

Reported by

B. J. Byrne

Address

Edicott City

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

Name
in
Full

Infant Sinius

12

CERTIFICATE OF DEATH

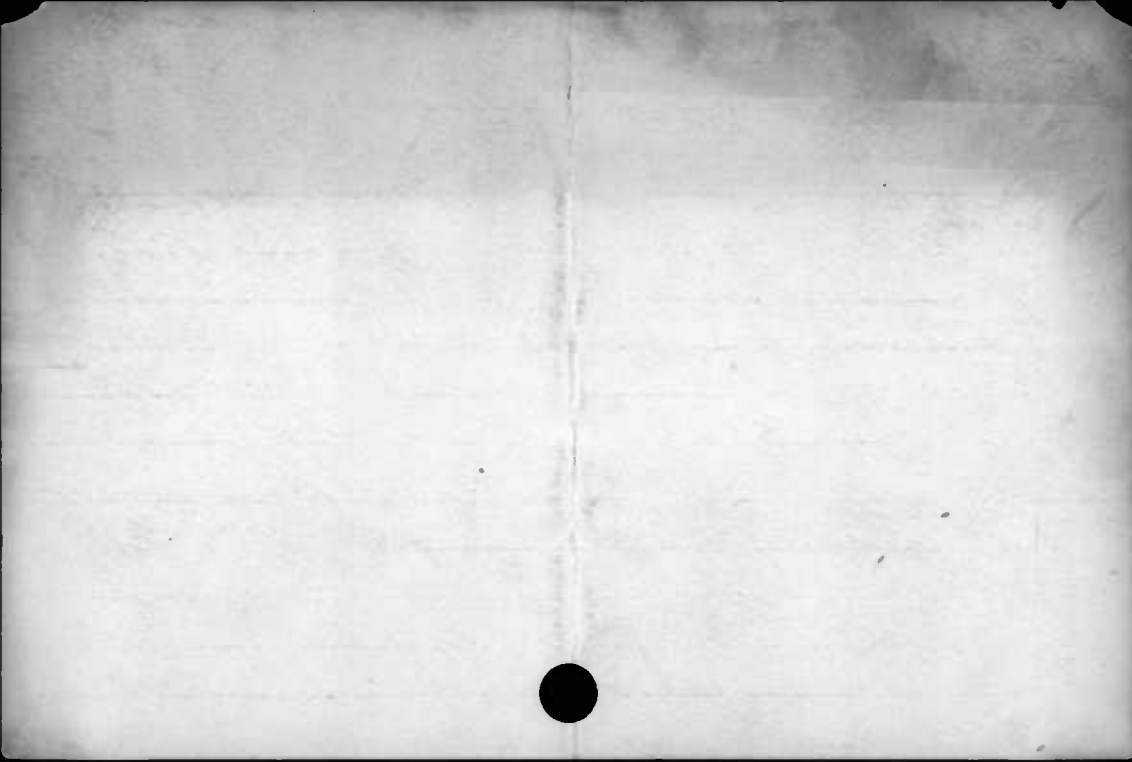
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hulltown</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u>	<u>June</u> <small>Month</small>	<u>15</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color <u>Rose</u>	<u>60</u>	Birth-place <u>Hullville</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Chris Sinius</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Josephine Sinius</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>J. B. Sinius</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still born</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>August W. Mills</u>
<u>Wm. Sinius</u>	<u>md.</u> <u>Coroner</u>
Accident or Suicide? <u>—</u>	



George W. Stange

Died at ^{Town} Highlandtown ^{County} Baltimore MARYLAND
 Date 1902 June 4 Age 32-6-21 Maryland Shepherd ^{Occupation} Lin & 8
 Male White Married ~~Widow~~ ~~Divorced~~ Number of children living 3
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Annie Stange 27
 Father's Name Jacob Stange Mother's Name Not ascertained
 Maiden Name

Cause of Death { Primary Tubercular Phthisis How long sick 6 Months
 Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by H. L. Peckard M.D.
 Address 910 Canal St. Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Trinity Con

Name In Full

Certificate of Death

William H. Stein

Town

County

Died at *Presumptive Hospital House* *Balto*

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	6	7	20	4	1	<i>Med</i>	<i>Electrician</i>
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living	

Husband
of
WifeFather's
Name *Harry Stein*Mother's
Name *Maggie A. Stein*Cause of
Primary *Tuberculosis*How long sick
*29*Death
Immediate

Accident, Suicide, Homicide

Reported by

Frank R. Rich

Address

Truman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Wm. Conrad

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name *less*

Town

County

Baltimore

MARYLAND

Died at *Roland Ave*

Month

Day

Y.

M.

D.

Native of

Occupation

Date *1902**6**4*

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Archib Stuart

Mother's

Name

Cause of

Primary

Premature birth

Death

Immediate

*//**//*

How long sick

*Lived but few moments
after birth**Accident, Suicide, Homicide*

Reported by

E. M. Driscoll

Address

Groves Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Floyd Arthur Benjamin Swann

Town

County

Died at

Govanus.

Balto.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

11

Age

-

4

-7

Govanus

Male

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Convulsions

How long sick

6 days

Death

Immediate

asphyxia

Accident, Suicide, Homicide

Reported by

H. C. Hoess, M.D.

Address

Sta. 3 Govanus

Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Walter Tenley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>June</u>	Day <u>14</u>	Age <u>34</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place		
Married, Single or Widowed <u>Married</u>		Occupation <u>Lineman</u>			
Name of Wife or Husband <u>Mamie Tenley</u>					
Father's Name <u>Robert J. Tenley</u>			Father's Birthplace <u>Mobile Ala</u>		
Mother's Maiden Name <u>Mary E. Tenant.</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving Information <u>Frederick B Donaldson</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Broken Neck & Cerebral</u>	How long <u>160</u>
Immediate <u>Concussion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of <u>Henry B. Whetling</u>
<u>Accident.</u>	Address <u>Coatsville, Ind</u>
Accident or other ?	

1603 Clefton Place

9

Name in Full

Certificate of Death

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

16 hours.

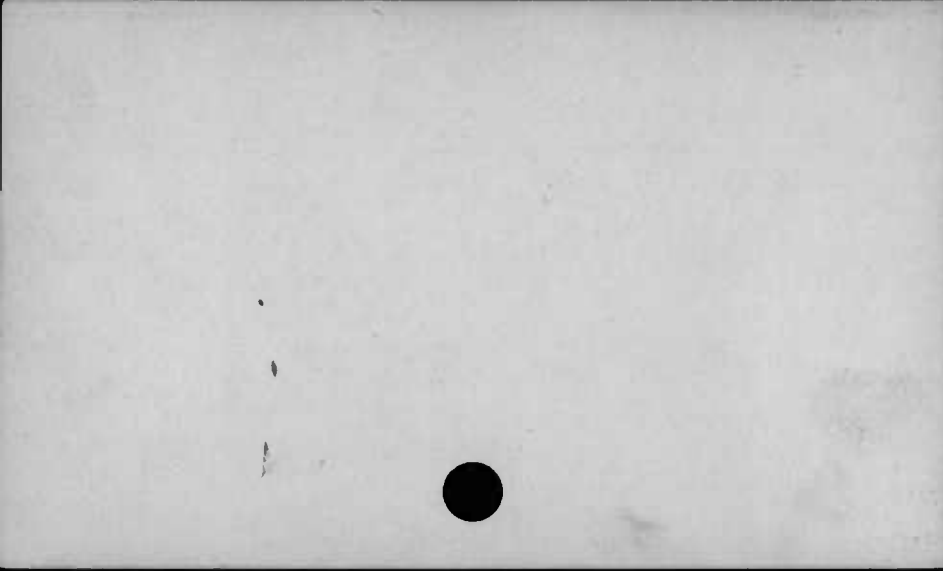
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Ella Matilda Van Sant

Town

County

MARYLAND

Died at *Green's Town**Baltimore*

Month Day

Y.

M.

D.

Native of

Occupation

Date 1892

June 30

Age

*7**16**Maryland*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Jesse C. Van Sant

Mother's

Name

Annie C. Van Sant

Cause of

Primary

Cholera Infantum

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E. M. Duncan

Address

Green's Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lucy Warfield
 Town Quaker Hill County Balto. MARYLAND
 Died at
 Date 1902 Month June Day 20 Y. 19 M. — D. — Native of Md Occupation House work
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single Widower Number of children living

Husband
of

Wife
Father's
Name

Mother's
Name Henrietta Warfield

Cause of { Primary Typhoid Fever How long sick Two weeks
 Death { Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Harvey Waltemeyer, M.D.

Address Alborton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, ASPBY



Amie Weigert

Died at Canton ^{Town} Baltimore ^{County} MARYLAND

Date 1902 June 18 ^{Month} ^{Day} 32 ^{Y.} ^{M.} ^{D.} MD ^{Native of} Housekeeper ^{Occupation}

~~Male~~ White ~~Married~~ Widow ~~Divorced~~ Number of children living two

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Fred B. Weigert

Wife

Father's Name John Oechsler ^{Mother's} Barbara Trauenholtz ^{Maiden Name}

Cause of Death { Primary Cancer, removed, uterus & appendages, stomach, liver ^{How long sick} about 3 weeks

Immediate exhaustion ^{Accident, Suicide, Homicide}

Reported by N. W. Wright, M.D. 42

Address 1100 East Ave. Balto.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery

June 21st 1902

Germanus Tranter

Undertaker

Name in Full *Thos. J. White*

Died at *Mt. St. Joseph's College* ^{Town} *Baltimore* ^{County} *C* **MARYLAND**

Date 19*44* ^{Month} *June* ^{Day} *21* | Age *41* ^{Y.} *10* ^{M.} *16* ^{D.} | Native of *Kentucky* | Occupation *Teacher*

~~Male~~ *White* ~~Female~~ | ~~Marrried~~ *Single* ~~Widow~~ *Widow* ~~Divorced~~ | Number of children living

~~Husband~~ of

Wife

Father's
Name

Mother's
Maiden Name

Cause of Death { Primary *Phthisis Pulmonalis* | How long sick *One year*

Death { Immediate *adventitious* | Accident, Suicide, Homicide

Reported by *John L. Holladay M.D.*

Address *714 Fredrick Ave*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Wilson

Died at ^{Town} Staque ^{County} Sanitorium Balto -

MARYLAND

Date 19 ^{Month} 02 ^{Day} June 24 | ^{Y.} Age 35 ^{M.} - ^{D.} - | ^{Native of} Balto ^{Occupation} Furniture bus.

Male ☒ ~~Female~~ | White ☒ ~~Colored~~ | Married ☒ ~~Single~~ | Widow ☒ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

General Paralysis

How long sick

Death

Immediate

Inhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. M. Ryan, M.D.

Address

Staque Sanitorium Balto

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Name In Full

Certificate of Death

Stephen William

Town

Calumville

County

Baltimore

Died at

MARYLAND

Date 1892	Month June	Day 12	Age 29	Y. M. D. — —	Native of Md	Occupation Laborer
Male	Widow	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living	4	

Husband of

Bertie Williams

Fathar's

Name Chas Williams

Mothar's

Name Emma Williams

Cause of

Primary

Alcoholism

56

How long sick

4 days

Death

Immediate

Uremic Convulsions

Accident, Suicida, Homicida

Reported by

Dr Charles L Maupetat

Address

Calumville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name

in
Full

CERTIFICATE OF DEATH

Wm Edwin Winholt

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Market</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 1902	Month <u>6</u>	Day <u>17</u>	Age <u>60</u>	Months <u>8</u>	Days <u>18</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Penna</u>			
Married, Single or Widowed			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Martha Lee</u>			<u>113</u>		
Father's Name <u>Zachariah Winholt</u>			Father's Birthplace <u>Penna</u>		
Mother's Maiden Name <u>Catherine Beindel</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>Joseph F Winholt</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Hepatic Calculi</u>	How long	<u>15 days</u>
Immediate	<u>Hepatic Abscess</u>	How long	<u>3 "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Daniel V Meyer</u>	
		Address <u>Maryland Line</u>	
Accident or Suicide?		<u>Ind</u>	



Name
in
Full

William Wise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i>	Month <i>6th</i>	Day <i>14th</i>	Age <i>78</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>White Hall</i>		
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Miranda Wise</i>					
Father's Name <i>John Wise</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Miranda Hicks</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Charles H. Wise (Son)</i>		How related to deceased <i>(Son)</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>about (4) hours</i>
Immediate <i>Heart Failure</i>	How long <i>about 1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas C. Baedwin</i>
	Address <i>Germinees</i>
	<i>Ind</i>



Name in Full

Certificate of Death

Maur Avalon Hood

Died at ^{Town} Harrison^{County} Back

MARYLAND

Date 189 ¹⁹⁰² ^{Month} 6 ^{Day} 3 ^{Age} 17 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} _____
~~Male~~ White ~~Married~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~
 Female ~~Single~~

Husband
of
Wife

Father's Name H. S. Hood
 Cause of Death { Primary Putrid
 { Immediate

Mother's
Name

How long sick 3 weeks
 Accident, Suicide, Homicide

Reported by W. E. Myn
 Address Paterson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full

Certificate of Death

William S. Young

Town

County

MARYLAND

Died at

Sudbrook Park

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

June 30

Age

Pa.

Retire Merchant

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

No

Cause of

Primary

Paralysis

How long sick

2 yrs. 84 mos.

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

J. A. Crum, M.D.

Address

413 N. Fayette St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828



Name in Full

Certificate of Death

Chas. Zickler

Town

County

Died at

MARYLAND

Date 1904

Month

Day

Y.

M.

D.

Native of

Occupation

June 7

Age

56

Germany

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Laryngeal tuberculosis

How long sick

3 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

